

# The Omaha Presbyterian Seminary Foundation

## REQUEST FOR CONTINUING EDUCATION PROGRAM GRANT PAYMENT

Due on or before November 15<sup>th</sup>.

Date: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Number Attending: \_\_\_\_\_

### Summary of Event Budget

#### INCOME

Tuition & Fees \_\_\_\_\_

Grants (Do not include OPSF amount) \_\_\_\_\_

Presbytery Contribution(s) \_\_\_\_\_

Other Income \_\_\_\_\_

**Total** \$ \_\_\_\_\_

#### EXPENSES

Program / Speaker Fees \_\_\_\_\_

Food & Lodging / Travel \_\_\_\_\_

Other Expenses \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**TOTAL Income - TOTAL Expenses = NET EXPENSES** \$ \_\_\_\_\_

**Amount Requested from OPSF:** \$ \_\_\_\_\_  
(Not to exceed 50% of net expenses)

Make check payable to: \_\_\_\_\_  
(Organization or Group)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Email address: \_\_\_\_\_

Title / Phone: \_\_\_\_\_