



The Episcopal Church
in Colorado

Tel: (303) 837-1173

Fax: (303) 837-1311

Formation Event Funding—The Economy of the Kingdom

Dear Friends in Christ,

God's economy is one of self-sacrifice and love. When we care for each other as God cares for us, everyone is taken care of and everyone has enough. It is on this biblical principle that our event funding decisions are made.

Financial assistance is available for all who need it. Here's how it works:

All our programs are priced to break even. We ask that participants pay what they are able. **If you can pay more than the cost of a program, you will be helping another person attend our programs and supporting the economy of the kingdom.** If you are not able to pay the full cost of an event, you will be supported by others.

It is the expectation that:

1. Everyone pays what he/she can afford, but everyone is required to pay something.
2. Every parish assists its community members, as the parish is able, but every parish pays something.
3. The Office of Faith Formation, with the help of our scholarship fund and Regional Mission donations, will make up the difference.

Please fill out the request form below and submit the request form to:

Episcopal Diocese of Colorado
Office of Faith Formation
1300 Washington St.
Denver, CO 80203

or

faith@coloradodiocese.org

Blessings and Peace,

The Reverend Canon Ken Malcolm
Canon Missioner for Evangelism, Faith Formation, and Leadership Development



Faith Formation Events

Assistance Request

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email address _____

Parent/Guardian (if participant under age 18) _____

Church/City _____ Rector/Vicar _____

Name and date of event attending _____

Amount Requested

Total Cost of Event \$ _____

1. Amount paid by participant \$ _____

2. Amount paid by your church \$ _____

Add lines 1 and 2 \$ _____

3. Subtract this amount from
the total cost of the event. This
is amount paid by the
Office of Faith Formation \$ _____

Participant signature _____ Date _____

Parent signature (if participant under age 18) _____ Date _____

For Your Priest or Community Leader

I verify that, to the best of my knowledge, the above-named applicant is in need of assistance in order to attend the above-listed program.

Priest or Community Leader signature _____ Date _____

Return completed form to:
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