

APPLICATION FOR THE *ECCLESIAL LAY MINISTRY PROGRAM*

Please print or type

Name: _____
(last) (first) (middle) (maiden)

Address: _____
(street or box) (city) (state) (zip)

Home Phone: (____) _____ Work Phone: (____) _____ E-Mail: _____

Name and address of spouse (if applicable): _____

Name and address of religious community (if applicable): _____

A. PERSONAL DATA

1. GENERAL INFORMATION

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Married Widowed
 Separated Divorced Remarried

2. HEALTH: (please circle) Excellent Good Fair Poor

Have you had, within the past three years, any condition, either physical or emotional, that required hospitalization or professional care? _____ Yes _____ No

If yes, on a separate sheet of paper, explain the condition, the care needed and any limitations on your activity.

3. PARISH MEMBERSHIP

Name of parish to which you belong: _____

Registered Yes No
Active Member: Yes No

B. EDUCATION: List ALL education beyond the 8th grade.

INSTITUTION	City / State	Dates Attended	Total Years	Year of Graduation	DEGREE Earned

Bachelor Degree(s) MAJOR Subject _____ No. of Semester Hours _____

MINOR Subject _____ No. of Semester Hours _____

Master Degree(s) SUBJECT: _____

Doctoral Degree(s) SUBJECT: _____

List any workshops attended for CEUs:

Date	Title	Facilitator	CEU's

List any organizations of which you are a member (i.e., professional, civic, Religious, etc):

C. MINISTRY EXPERIENCE

Ministerial Role	Name of Parish	City/State	Number of Years

1. How do you define ministry?

2. What has been a great joy or meaningful experience for you in ministry thus far?

3. What has been a challenge for you in ministry?

4. What motivates you to request Ecclesial Lay Ministry formation?

5. In what area of ministry do you envision yourself serving?

6. How does your family or community support your present involvement in ministry as well as your future plans? (if applicable)

D. WORK EXPERIENCE: (Please list beginning with most recent employment)

Employer

Position Held

Number of Years

E. TUITION ARRANGEMENT:

___ I will assume responsibility for all tuition, fees and book costs.

___ I am presently serving in a ministry position in my parish and request a scholarship form.

___ I have spoken with my pastor concerning the financial arrangements.

___ My parish will pay for ___% of the tuition, and I will pay the remainder of my expenses.

F. REFERENCES: Provide five different references (do not include relatives).

Name and address of your pastor.

1. _____
(name) (address)

Names and addresses of two persons with whom you have shared ministry.

2. _____
(name) (address)

3. _____
(name) (address)

Names and addresses of two persons who know you personally and who can attest to your character and personal commitment to Christian ideals.

4. _____
(name) (address)

5. _____
(name) (address)

I hereby authorize the Ecclesial Lay Ministry Program Office to contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references. I also hereby release from liability the Ecclesial Lay Ministry Program Office and its representatives for seeking, gathering, and using such information to make decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of program participation, whenever it may be discovered.

I understand that it is the policy of this institution not to discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek application for the *Ecclesial Lay Ministry Program* under these conditions.

(applicant signature) (date)