

Completion of this application requires two recommendations, one from your Pastor and **one from a person active in ministry who can assess your involvement in ministry**. Please list your Pastor and the name of the person to whom you will be giving a Recommendation form. Please note that the Pastor's Recommendation form is different.

Pastor _____

(Recommendation) Name _____ Phone _____

Address _____ City _____ Zip _____

Parish _____ City _____

Tuition of \$425.00 each year will be paid by: _____ **Applicant** or _____ **Parish**.
Tuition is due by **September 1, 2009** for Year One and **September 1, 2010** for Year Two.

Application Fee of \$25.00 is to be sent with your Application.
Make all checks payable to: **Ministry Formation Office**

Applicant's Signature: _____ **Date:** _____

Return this completed form and application fee to:
John McGrath, Director
Ministry Formation Office
555 Colman Center Drive
P. O. Box 7044
Rockford, IL 61125
(815) 399-4300
Fax (815) 399-6278