******Institute of Lay Formation**

Diocese of Winona-Rochester

***Forming lay women and men for discipleship and Gospel witness***

**Application Form**

**Applicant Information…**

Name Click or tap here to enter text. Date of Birth Click or tap here to enter text.

Address Click or tap here to enter text.

City/Town, State, Zip Click or tap here to enter text.

Phone Numbers: Daytime Click or tap here to enter text. / Evening Click or tap here to enter text.

E-mail address Click or tap here to enter text.

Marital Status Click or tap here to enter text. (Spouse’s Name Click or tap here to enter text. )

(Names/Ages of Children:

Click or tap here to enter text./ Click or tap here to enter text.

Click or tap here to enter text. / Click or tap here to enter text.

Click or tap here to enter text. / Click or tap here to enter text.

Click or tap here to enter text. / Click or tap here to enter text.

Click or tap here to enter text. / Click or tap here to enter text.

(Have you discussed your application with your family, and are they supportive?

Click or tap here to enter text.)

**Sponsoring Parish/Institution Information…**

Name of Parish/Institution Click or tap here to enter text.

Name of Pastor/Director Click or tap here to enter text.

How long have you been a member of this parish? Click or tap here to enter text.

[If applicable… How long have you worked for this church institution?Click or tap here to enter text.]

Have you met with the pastor/director regarding your application? ☐ yes / ☐ no

{over}

**Sponsorship Commitments…**

Lay formation in the Diocese of Winona-Rochester is carried out within the context and with the support of a faith community. In light of this, applicants are asked to seek the formal support and sponsor-ship of a parish/church institution. The sponsoring parish/institution is asked to...

* Arrange for the pastor/director to meet with the prospective student to discuss his/her participation in the Institute before submitting an application.
* Provide formal approval – as indicated by the pastor’s/director’s signature [see below] – in support of the prospective student’s application.
* Arrange for the pastor/director, or another designated staff person, to meet with the student on a regular basis during Institute formation to provide support and guidance, and to discuss the student’s work in the Institute in relation to the ministry of the parish/institution.
* [If possible…] Assist in the payment of the student’s tuition and/or other expenses related to his/her participation in the Institute.

**Statement of Support…**

The pastor/director is asked to review the above information under “Sponsorship Commitments” before providing the signature of support below.

**Our parish/institution supports and agrees to sponsor the above applicant’s participation in the Institute of Lay Formation:**

**Pastor’s/Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative Information…**

Please provide your response to the following item on a separate page, and attach your response to this application. (The maximum suggested length is one page, single spaced.)

* Briefly describe why you are interested in participating in the **Institute of Lay Formation**, and what you hope to gain from this formation experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this completed application, *by Friday, June 29th*, to:

**Todd Graff • Diocese of Winona-Rochester • P.O. Box 588 • Winona, MN 55987-0588.**

**(Phone: (507) 858-1270 / Fax: (507) 454-8106 / E-mail: tgraff@dow.org)**

*Thank you!*