Bishop Sullivan Ministry Scholarship Fund
Application for Grant

Visit www.bishophelmsinginstitute.org for application deadlines

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

NAME
______________________________________________________________

ADDRESS
________________________________________________________________________

CITY / STATE / ZIP
__________________________________________________________________

PHONE (HOME) _____________________________ WORK/CELL _____________________________

E-MAIL ADDRESS
__________________________________________________________________

PARISH AFFILIATION
__________________________________________________________________

MINISTRY BACKGROUND AND INVOLVEMENT

Attach a separate sheet if needed

Type of ministry _________________________________________________________________

How long have you been involved in this ministry? ______________________________________

Educational background / ministerial training background
_____________________________________
_____________________________________
_____________________________________

Current status and level of involvement in ministry at parish, regional, diocesan levels
_________________________________________________
_________________________________________________
_________________________________________________
The following information is about the course of study or program for which you are applying for assistance.

NAME OF PROGRAM OR COURSE ___________________________  BHI  __________________________________________

DATES OFFERED ______________________________________

BRIEF DESCRIPTION OF THIS OFFERING _______ Adult Faith Formation __________________________________________

SPONSORING INSTITUTION OR GROUP _______ BHI __________________________________________

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE FUNDING OF THIS EXPERIENCE:

Annual cost of the program (excluding travel, room/board & books) $ __________

Parish / School contribution amount $ __________

Grants and funding from other sources $ __________

Personal contribution amount $ __________

Amount requested from the Bishop Sullivan Ministry Scholarship Fund $ __________

ARE THERE ANY MATCHING GRANTS AVAILABLE TO YOU AS YOU PURSUE THIS EXPERIENCE? IF YES, PLEASE LIST __________ N/A ____________________________________________________________

Please submit with this form a letter addressing the following questions:

- Why are you choosing to apply to the Bishop Sullivan Ministry Scholarship Fund?
- What have you contributed to this area of ministry?
- How does this experience build on what you have previously experienced / learned?
- What will this course of study offer to you?
- How will your parish / diocese benefit from your experience?
We are requesting a letter of recommendation from someone with whom you have served in ministry. This person should have served in a supervisory or mentoring capacity. Please have them complete the separate form and return it by the deadline.

NAME OF PERSON WRITING THIS LETTER _____________________________________________

CURRENT ADDRESS______________________________________________________________

CITY/STATE/ZIP ________________________________________________________________

PHONE (WORK) ___________________ HOME/CELL ______________________

E-MAIL ADDRESS ______________________________________________________________

RELATIONSHIP TO THIS GRANT APPLICANT ________________________________
Bishop Sullivan Ministry Scholarship Fund
Letter of Recommendation

Please return to:
Bishop Sullivan Ministry Scholarship Fund
P.O. Box 419037
Kansas City, MO 64141

APPLICANT’S NAME

______________________________________________

APPLICANT’S ADDRESS

________________________________________________________________________

CITY/STATE/ZIP

________________________________________________________________________

PROGRAM/TRAINING FOR WHICH FUNDS WILL BE APPLIED:

________________________________________________________________________

________________________________________________________________________

NAME OF REVIEWER

______________________________________________

RELATIONSHIP TO APPLICANT

________________________________________________________________________

MINISTERIAL CAPACITY IN WHICH YOU HAVE OBSERVED/WORKED WITH APPLICANT

________________________________________________________________________

________________________________________________________________________

Please indicate why this applicant should be considered to receive assistance from the Bishop Sullivan Ministry Scholarship Fund. Include examples of what he/she has contributed to ministry as well as how this course might impact her/his current involvement in ministry.

Deadline for recommendations is....

NOMINATION

I believe that this person should be considered for Bishop Sullivan Ministry Scholarship funds.
Signature of nominating person

__________________________________________________________________

Date

__________________________________________________________________