



Bishop Sullivan Ministry Scholarship Fund  
Application for Grant

Visit [www.bishophelmsinginstitute.org](http://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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Bishop Sullivan Ministry Scholarship Fund  
Program / Funding Information and Letter of Intent**

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?



**Bishop Sullivan Ministry Scholarship Fund  
Letter of Recommendation Contact Information**

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

---