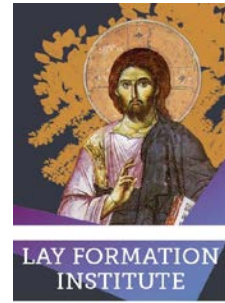




# Diocese of La Crosse Lay Formation Institute



## *APPLICATION OF CANDIDATE*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Names and ages of Children:

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Pastor \_\_\_\_\_

Parish \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Previous schooling:

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Service activities in the Church in which you have been involved in recent years:

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Does your spouse agree to your participation in the program? (If applicable) \_\_\_\_\_

**Agreement Between Pastor and Applicant:**

WHEREAS \_\_\_\_\_ volunteers to participate in the Lay Formation Institute from \_\_\_\_\_ Parish of \_\_\_\_\_ (city); and WHEREAS Father \_\_\_\_\_ pastor of \_\_\_\_\_ Parish, is willing to have the above as a participant in service to the parish, IT IS THEREFORE AGREED BY THE PASTOR AND CANDIDATE AS FOLLOWS:

1. Candidate \_\_\_\_\_ will volunteer for service in the parish such time, effort and talent as does not interfere with work and family responsibilities.
2. \_\_\_\_\_ Parish will furnish opportunities for service and the resources needed to carry it out.
3. \_\_\_\_\_ Parish will contribute the stipulated fee for the two-year program of formation, which is \$1350 per year and covers tuition, lodging, meals and required textbooks.
4. This agreement shall remain in effect at a minimum for the period of the two-year Lay Formation program and may be terminated within this period by mutual agreement of the parties.

Dated at \_\_\_\_\_, Wisconsin, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: Candidate \_\_\_\_\_

Pastor \_\_\_\_\_

Pastor Email (please print): \_\_\_\_\_

*Registration Deadline: August 9 or when class fills (limit 40 students)*

DATE RETURNED: \_\_\_\_\_

Mail to: Office for Ministries and Social Concerns  
P.O. Box 4004  
La Crosse, WI 54602-4004