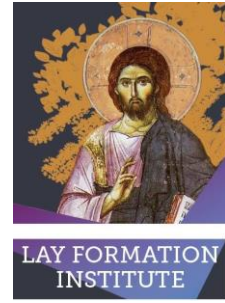




Diocese of La Crosse Lay Formation Institute

APPLICATION OF CANDIDATE



Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Marital Status _____ Spouse's Name _____

Occupation _____

Pastor _____

Parish _____ Address _____

City _____ State _____

Previous schooling/formation:

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

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 agreed by the Pastor and the 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 appropriate opportunities for service, in light of the formation being received, the needs of the parish, and the particular abilities and interests of the candidate.
3. _____ Parish will contribute the stipulated fee for the two-year program of formation, which is \$1450 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: July 31, 2023, 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