

Name	Date of Birth	
Address		
City	StateZip	
Phone #1	Phone #2	
Email		
Marital Status	Spouse's Name	
Occupation		
Names and ages of Children:		
	Address	
City	State	
Previous schooling:		
	ch 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:

WHE	REAS	volunteers to participate in the	
Lay Fo	Formation Institute from	Parish of	
	(city); and WHEREAS Father		
pastor	r ofParish	, is willing to have the above as a	
	ipant in service to the parish, IT IS THEREFORE DIDATE AS FOLLOWS:	AGREED BY THE PASTOR AND	
1.	Candidate parish such time, effort and talent as does not in responsibilities.	will volunteer for service in the terfere with work and family	
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 \$1600 per year and covers tuition, lodging, meals and required textbooks.		
4.	This agreement shall remain in effect at a minim Formation program and may be terminated with the parties.		
Dated	l at	, Wisconsin, thisday of	
	, 20		
	Signed: Candidate		
	Pastor		
	Pastor Email (please print):		
Regist	tration Deadline: August 1, 2025 or when class fil	lls (limit 30 students)	
	DATE RE	TURNED:	
	Mail to: Office for Ministries and Social P.O. Box 4004 La Crosse, WI 54602-4004	Concerns	