



Lumen Christi

APPLICATION-2010

SCHOLARSHIPS FOR EDUCATION LEADERS

Must be postmarked by February 10, 2010 to:

Catholic Foundation - Lumen Christi

PO Box 22128, Green Bay, WI 54305-2128

For Office Use Only

Date Received: _____

Approved: _____

Date: _____

Date _____

Name _____

Address _____

E-mail _____

Home Phone # _____ Business/Cell Phone # _____

Parish _____ City _____

Catechetical Certification

_____ Year received: _____
Basic Intermediate Advanced Leadership

Indicate on the check list below the program for which you are requesting a scholarship.

_____ Commissioned Ministry Program, Green Bay Diocese (Check one of these programs)

_____ Faith Formation _____ Youth Ministry
_____ Pastoral Ministry _____ Worship/Liturgy

_____ Youth Ministry Certificate Program *College/University:* _____

_____ MA – Educational Administration *College/University:* _____

_____ MA – Theological Studies *College/University:* _____

_____ Individual Courses Education Administration Religious Studies

College/University: _____

If this is a degree program, attach a letter of acceptance into the program.

If you received a scholarship from the Lumen Christi Fund for June, 2009 – May, 2010 please check here.

EDUCATIONAL PREPARATION

List the name and location of high school and university/college(s) attended.



Institution	from	to	Grad. Date & Degree	Major/Minor

If you are a school teacher or administrator, please complete the following.

CERTIFICATE/LICENSURE HELD Teacher/Administrator

State	Life/Temporary	Subject/Area	Date Issued	Date Expired

EXPERIENCE Teacher/Administrator (School or Faith Formation)

Name and Location of School/Parish	Subject or Grade Taught or Admin. Position	Dates
Current Educational Employment:		

WORK or VOLUNTEER EXPERIENCE Positions held outside the educational/catechetical field

Name and Location	Position	Dates of Employment

PROFESSIONAL ORGANIZATIONS/INVOLVEMENTS and other EDUCATIONAL/SPIRITUAL EXPERIENCES (Retreats/in-service days, workshops etc)

If this is a continuation of the same program, please check here and skip this section of the application.

Please comment on the following questions in the space provided.

1. How are you qualified to accept a leadership role in Catholic education/faith formation? Describe any aspect or experience which would be an asset for the position you will be filling.

2. How important do you consider your own Christian attitudes, beliefs and practices in your role as a leader?

3. Write a brief statement (approximately 50-100 words) stating how you would use Lumen Christi funds for professional development.

In the space below, provide the details of the educational programs to be taken during the June, 2010 – May, 2011 grant year which would permit you to pursue your goals. Include titles, course numbers, credits, tuition and fees for classes. **If you do not list expenses, no grant can be made.**

Summer, 2010 (June – August)			
<u>College/University</u>	<u>Course Name and #</u>	<u>#of Credits</u>	<u>Course Fee</u>
\$ _____ Amount Requested		For Office use only \$ _____ Amount Granted	
Fall, 2010 (September – December)			
<u>College/University</u>	<u>Course Name and #</u>	<u># of Credits</u>	<u>Course Fee</u>
\$ _____ Amount Requested		For Office use only \$ _____ Amount Granted	
Spring, 2011 (January – May)			
<u>College/University</u>	<u>Course Name and #</u>	<u># of Credits</u>	<u>Course Fee</u>
\$ _____ Amount Requested		For Office use only \$ _____ Amount Granted	
<i>For Office use only</i> Total Amount Requested: \$ _____		Total Amount Granted \$ _____	

I acknowledge that the information provided herein is accurate. I also affirm my commitment to serve/work in the Diocese of Green Bay for three years after leadership training and to further the educational/catechetical mission of the Roman Catholic Church.

 Applicant Signature Date

 Approval of Pastor/Parish Director Date

Revised 8/10/09