

ONGOING FORMATION OF PRIESTS - APPLICATION FOR FUNDING

Name: _____

Parish/Ministry: _____ Phone: _____

Email: _____

Description of Study

Title: _____

Dates: _____

Place: _____

Registration Fee: _____

Room and Board: _____

Transportation: _____

Amount of Financial Assistant Sought: _____

Personal Coverage

Will your assignment be covered while you are gone? _____

If yes, by whom? _____

How do you expect this study to aid your ministry? _____

Signature of Applicant

Date

Mail to:
Reverend Pedro Poloche, J.C.L., V.F.
c/o Amanda Hailey
Archdiocese of Atlanta
2401 Lake Park Drive SE
Smyrna, Georgia 30080