

**ARCHDIOCESE OF ATLANTA
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 Monsignor James A. Schillinger
Prince of Peace Catholic Church
6439 Spout Springs Road · Flowery Branch, GA 30542