

**SABBATICAL APPLICATION
FOR PRIESTS IN THE ARCHDIOCESE OF ATLANTA**

Name_____ Date_____

Current Assignment_____ Phone_____

Email_____ Date of Ordination_____

List of Assignments_____

Dates of Proposed Sabbatical_____

Title of Sabbatical_____

Institution_____

Sabbatical Site Director/Phone Contact_____

Summary of Proposed Sabbatical Experience

Costs:

Sabbatical Program/Tuition_____

Room and Board_____

Other Expenses_____

Total Cost_____

Please submit this at least six (6 to 9) months prior to the proposed sabbatical.

RETURN TO

Reverend Pedro Poloche, J.C.L., V.F.
Director, Ongoing Formation of Priests
c/o Amanda Hailey
Archdiocese of Atlanta
2401 Lake Park Drive SE
Smyrna, GA 30080-8862