



APPLICATION FOR ADMISSION Institute for Lay Ecclesial Ministry

I. PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Maiden Name (if married) _____

Street Address _____ Apt. or Suite _____

City _____ State _____ Zip Code _____

Date of Birth _____ Country of Citizenship _____

Social Security # _____ Gender: Male _____ Female _____

Living Status: (please circle) Married Single Divorced Separated

Race: (please circle) Asian Black Hispanic White Other: _____

Place of Employment _____ Job Title _____

Telephone Number: Home _____ Work _____ Cell _____

E-mail Address: Work _____ Personal _____

Religion _____ Confirmed: Yes ___ No ___

Are you in good standing? Yes ___ No ___ (Valid marriage, if married; Practicing Catholic, etc.)

If not, please attach an additional document explaining your current situation in greater detail.

I am a Lay Person
 I am a Deacon
 I am a Religious Congregation/Order: _____

Parish _____ Pastor _____

Street Address of Church _____

City _____ State _____ Zip Code _____

Parish Telephone Number _____ Fax Number _____

How long have you been a member of this parish? _____

II. TUITION AND FINANCIAL SPONSORSHIP INFORMATION

Are you currently actively engaged in ministry in the Archdiocese of New Orleans? _____

Do you intend on applying for the Handing on the Faith Scholarship? _____

If so, are you willing to commit to continuing your ministry to the Archdiocese of New Orleans for three years after completion of the program? _____

Will your parish, school or other sponsoring Church agency contribute financially to your NDS cost? _____

If you answered “Yes” to the above question, have you submitted a FINANCIAL SPONSORSHIP AGREEMENT form from your sponsoring institution? The form can be found at the end of this packet.

III. EDUCATIONAL BACKGROUND

School	Degree	Major	Dates Attended
			-
			-

			—
			—

Please list in chronological order all educational institutions attended.

IV. PROFESSIONAL/MINISTRY BACKGROUND

Employer	City, State	Title/Type of Work	Dates of Employment
			—
			—
			—
			—

Please list in chronological order positions you have held (full or part-time) over the past seven years.

V. ADDITIONAL BACKGROUND

1. Are you currently involved in ministry work (paid or volunteer)? Please describe in some detail.

2. Participation in the program is a considerable time commitment that involves some weekend

and evening hours. Please comment on your ability to commit to the program given your current schedule of responsibilities (personal or professional):

3. The courses at Notre Dame Seminary regularly incorporate digital technology. All courses have a virtual classroom space, and some courses may include video-conferencing or incorporate the use of presentation software into course assignments. Please describe your comfort level using digital technology:

VI. LETTERS OF RECOMMENDATION:

1) Pastor; 2) Ministry Supervisor – if your ministry supervisor is your pastor, then this letter can be from a ministry colleague; 3) Acquaintance of your choice who can testify to your faith and moral character. A recommendation form is included for convenience. List below the individuals who will submit recommendations for you, along with the corresponding information required.

Name	Position	Address	E-mail/Fax #	Telephone
	<i>Pastor/Principal</i>			
	<i>Ministry Colleague/Supervisor</i>			
	<i>Acquaintance of Choice</i>			

VII. AUTOBIOGRAPHICAL ESSAY:

Please submit your autobiography (approximately 1,000 words), including but not limited to the following:

- Roots and development of your faith, including major influences such as parent and family background (geographic roots; grade school/high school years; college, employment; significant life transitions: e.g., marriage, children, divorce; interests and hobbies).
- How your interest in ministry developed and led you to apply for this program.
- What is the biggest challenge you currently face in your ministry?
- Two major achievements and one significant mistake (in life or ministry).

VIII. SIGNATURE

Please return application, official academic transcript(s), and \$40 non-refundable application fee (*payable to Notre Dame Seminary*):

Notre Dame Seminary

ATTN: Lay Programs
2901 S. Carrollton Avenue
New Orleans, LA. 70118-4391

layprograms@nds.edu
PHONE: (504) 866-7426, ext. 742
FAX: (504) 866-6260, ATTN: Lay Programs

I affirm that all information provided in this application is true and correct to the best of my knowledge.

_____ Applicant Signature
Date

**Misrepresentation of any information on this application
constitutes grounds for dismissal from NDS.**

Recommendation Letter Guidelines

(Applicant: Please furnish each reference with a copy of these guidelines.)

You have been selected as a reference source for the applicant's admission into the Institute for Lay Ecclesial Ministry/Master of Arts in Pastoral Leadership at Notre Dame Seminary. If accepted, the applicant would participate in a formation program that would prepare him/her for commission by the Archbishop of New Orleans as a Lay Ecclesial Minister. In your letter of recommendation, please include the following information:

1. How long have you known the applicant?
2. What is the basis for your association with the applicant? (ministry, supervisor, personal, etc.)
3. Please name the strengths you have observed in the applicant which would be beneficial in ministry.
4. Please name anything noted that might limit the applicant's active participation in the ILEM program and/or ministry. (I.e. personal struggles, family obligations, physical limitations, etc.)
5. Please describe the level of confidence that you would have in recommending the applicant for the position of Lay Ecclesial Minister for the Archdiocese of New Orleans.

Letters of Recommendation and this additional particular application may be sent to:

Notre Dame Seminary

ATTN: Lay Programs Office
2901 South Carrollton Avenue
New Orleans, LA 70118-4391

layprograms@nds.edu

PHONE: (504) 866-7426, ext. 742

FAX: (504) 866-6260, ATTN: Lay Programs Office

Financial Sponsorship Agreement

(If this agreement is applicable, please have the following form completed and signed by the appropriate party)

Candidate Name: _____

Sponsoring Institution: _____ Ministry

Supervisor Name: _____ Supervisor

Position: _____ Address:

_____ Email:

_____ Phone: _____

I, _____, on behalf of the following institution, _____ agree to sponsor _____, during their course of studies in pursuit of the Institute for Lay Ecclesial Ministry or the Master of Arts in Pastoral Leadership. I agree to a sponsorship of _____% each semester. *(Note: the suggested sponsorship is 25% of reduced tuition rate. I confirm that I have the authority to make this commitment)*

Supervisor/Sponsor Signature _____ Date _____ Candidate

Signature _____ Date _____ *(Sponsor should*

receive a copy of this agreement)