



THE WHITAKER INSTITUTE & COPPAGE-GORDON SCHOOL FOR MINISTRY
ACADEMY FOR VOCATIONAL LEADERSHIP

Episcopal Diocese of Eastern Michigan
Application Form

Personal Data

Name _____
(Last) (First) (Middle)

Home Address _____
(Street, Apt. #)

(City, State, ZIP code)

Home Phone (____) _____

Cell Phone (____) _____

Email _____

Occupation _____

Date of birth ____ / ____ / ____

Parish _____ City _____

Highest level of formal education completed _____

Unisex Polo Shirt Size _____

Essays (one page each; attach additional pages to this form)

1. Why do you want to enroll in this program? How you do expect your ministry to change after completion?
2. Please introduce yourself. What is important to you? What does your daily life look like? What about your history is important to share?

Signatures:

Applicant Rector or Other Clergy

Date Date



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***Episcopal Diocese of Eastern Michigan
Endorsement for Study in the Academy for Vocational Leadership***

To: The Bishop and the Director of the Coppage-Gordon School for Ministry

We, whose names appear below, certify that _____
is an adult communicant in good standing of _____
_____ (congregation).

We endorse this person to pursue study in the Academy for Vocational Leadership
because: (herein the reasons are stated)

We pledge to support this person financially and by being involved in her/his
formation both individually and as a congregation.

Signed, Rector or Other Clergy

Signatures of Vestry Members

I hereby certify that the forgoing certificate was signed at a meeting of the Vestry
of _____ Congregation,
duly convened on the _____ day of _____, 20____.

Signed, Clerk of the Vestry



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***Financial Resources and
Application for Restricted Funds***

Date: _____

Name: _____

Address _____

Phone: Work: _____ Home: _____ Cell: _____

Email: _____

Fees for the Academy for Vocational Leadership are \$3,800 per year with one half due by November 1 and one half due by April 1.

I have the following funding available to pay fees for the Academy for Vocational Leadership:

Scholarship from Diocese: \$1,000

Financial Aid from my Congregation: _____

Personal: _____

Additional Scholarship I Am Requesting: _____

Please add any additional details that will assist in considering your request for financial aid: