

## Episcopal Diocese of Eastern Michigan Application Form

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Name			
Home Address	(Last)	(First)	(Middle)
(Street, Apt. #)			
(City, State, ZIP co			
Home Phone (_	)		
Cell Phone (	_)		
Email			
Occupation			
Date of birth	/	/	
Parish		City	
Highest level of	formal educat	ion completed	
Unisex T Shirt S	Size	-	
Essays (one pag	ge each; attach	additional pages to this	s form)
• •	ou want to en e after comple		v you do expect your ministry
		elf. What is important to our history is important	you? What does your daily life to share?
Signatures:			
Applicant			Other Clergy
Date		Date	



## 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.

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Signed, Rector or Other Clergy

## Signatures of Vestry Members

I hereby certify that the forgoing certific	ente was signed at a meetir	or of the Vectry
of	0	0
duly convened on the da		

\_\_\_\_\_ Signed, Clerk of the Vestry

THE DIOCESES	OF EASTER	MICHIGAN	MICHIGAN.	AND	WESTERN	MICHIGAN
THE DIOCESES	IY FOR	VOCA	TIONA	L LI	EADE	RSHIP

**Financial Resources and** 

**Application for Restricted Funds** 

Date:	· <b></b>		
Name:			
Address			
Phone: Work:	Home:	Cell:	
Email:			
Fees for the Academy for Vo due by November 1 and one	-	are \$3,800 per year with one half	
I have the following funding available to pay fees for the Academy for Vocational Leadership:			
Scholarship from Diocese:		\$1,000	
Financial Aid from my Cong	regation:		
Personal:			

Additional Scholarship I Am Requesting:

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