THE EPISCOPAL DIOCESES OF EASTERN MICHIGAN AND WESTERN MICHIGAN

ACADEMY FOR VOCATIONAL LEADERSHIP

APPLICATION FORM

Name_____
(Last) (First) (Middle)

Preferred Pronouns_____

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 T 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

Please return to: Rev. Canon Dr. Tracie Little (tlittle@eastmich.org) or Diocese of Eastern Michigan, 124 N. Fayette St., Saginaw, MI 48602.

Academy for Vocational Leadership
Emergency Health Information

Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Sex: _____ Preferred Pronouns:_____
Month Day Year

Permanent Address:
_____

City: _____ State: _____ Zip:_____

Preferred Phone #: (_____)_____ E-mail: _____

Allergies: *Please list all known allergies, describe reaction and management for reaction.*

_____ I have no known allergies.

Medication_____
_____

Food_____
_____

Other (insect stings, hay fever, asthma, etc.)
_____
_____

Chronic Concerns: *Check all that pertain to you and provide information about supportive health care.*

_____ I have no chronic health concerns.

I have the following chronic health concern(s):

__ Asthma	__ Headaches/Migraines	__Sleep problem
__ Diabetes	__ Difficult breathing	__ Fainting
__ Surgery history	__ Seizure disorder	__Learning disability
__ Back pain or injury	__ High Blood Pressure	__Psychiatric diagnosis

__ Other: _____

Provide information about supportive healthcare needed for each checked item:

_____
_____
_____
_____
_____

COVID-19 Vaccination: ____ yes _____date (mo/yr) ____ no

Medication:

_____ I do not take medication on a routine basis.

_____ I take routine medication (include vitamins) as noted below.

Name of Medication **Reason for Taking It** **Dose Given**

_____

_____

_____

_____

_____

Physician's name: _____Office Phone (_____)_____

Insurance Information:
Full Name of Insured Person _____

Carrier or Plan Name_____ Group # _____

Emergency Contact: Whom do you want us to contact in an emergency?

First Contact: _____ Phone: (_____) _____

Relationship to You: _____

Alternate Contact: _____Phone: (_____) _____

Relationship to You: _____

Authorization for Health Care:

This health history is correct insofar as I know. I acknowledge that I am capable of participating in the program of the Academy for Vocational Leadership. I understand that my health information will be used by the Leadership Team only in providing care to me in an urgent medical situation.

Signature: _____ Date: _____

THE EPISCOPAL DIOCESES OF EASTERN MICHIGAN AND WESTERN MICHIGAN
ACADEMY FOR VOCATIONAL LEADERSHIP

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

THE EPISCOPAL DIOCESES OF EASTERN MICHIGAN AND WESTERN MICHIGAN
ACADEMY FOR VOCATIONAL LEADERSHIP

Academy Fees and Financial Resources

Date: _____

Name: _____

Address _____

_____

Phone: Work: _____ Home: _____ Cell: _____

Email: _____

Fees for the Academy for Vocational Leadership are $4,300 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: _____

Financial Aid from my Congregation: _____

Personal: _____

Total: _____