



TMI SABBATICAL

THE MINISTRY INSTITUTE
405 East Sinto, Spokane, WA 99202-1849
1-800-986-9585, ext. 6037

GONZAGA UNIVERSITY



APPLICATION FOR SABBATICAL GUESTS

Please type your responses to the form below:

GENERAL INFORMATION

Legal Name _____ Social Security No. _____
Last First Middle Initial

Date of Birth _____ Country of Birth _____ Country of Citizenship _____
Month/Day/Year

Mailing Address _____

Phone _____ E-Mail Address _____
(Include Country Area Code)

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School or Equivalent Completed () Yes () No Date _____

College/University _____ City/State _____

Major field _____ Degree _____

Date of completion _____

Graduate University _____ City/State _____

Major field _____ Degree _____

Date of completion _____

Other Professional Training _____

Area of Training _____ Date _____

MINISTRY BACKGROUND

Please list major positions in ministry you have held in the last ten years, the length of ministry in each position, and your responsibilities and/or duties.

REFERENCES

Please list two references with address and phone number.

If a religious, please have your superior send a letter of support.

If a priest, please have your bishop send a letter of reference with permission to celebrate if you plan on presiding while on sabbatical.

HEALTH

Health problems, disabilities, or diet that need attention and care while I am on sabbatical _____

Please list any medications you are currently taking _____

Our participants are urged to have insurance coverage during their stay at the Ministry Institute. Please check below the coverage which you will have

_____ I have insurance _____ I will purchase the Insurance Plan available through Gonzaga University
_____ Please send an insurance brochure

PROGRAM INFORMATION

Please indicate which term(s) and calendar year you intend to spend your sabbatical with us:

_____ Fall (August-December) _____ Spring (January-April) _____ Summer (May-July)

Are you interested in Spiritual Direction for yourself while on sabbatical? _____ Yes _____ No

Please share in two pages a brief biographical sketch, some reasons for considering a sabbatical with us at this time, some of your goals and priorities while on sabbatical, and describe your spirituality and/or lifestyle. Include a photograph of yourself

Signature of Applicant _____ Date _____

Please return completed form with \$25.00 to:

The Ministry Institute
Sabbatical Program
405 East Sinto Ave
Spokane, WA 99202-1849
USA