



# The Institute for Catholic Studies and Formation

*Diocese of Venice in Florida*

10299 SW Peace River Street, Arcadia, FL 34269-4068

Tel: (941) 766 7334 Fax: (941) 629 8555 E-Mail: [DeNinno@Institute-DOV.org](mailto:DeNinno@Institute-DOV.org)



## APPLICATION FORM

[Candidates for Admission to Degree & Diploma Programs]

All application materials are confidential. Access is limited to Institute for Catholic Studies and Formation.

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**MARITAL STATUS (Optional)** \_\_\_\_\_ **SPOUSE'S NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**Street**

\_\_\_\_\_

**City**

**State**

**Zip**

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**PARISH** \_\_\_\_\_ **YEARS IN PARISH** \_\_\_\_\_

### MINISTRY EXPERIENCE DURING THE LAST FIVE YEARS

Description of Ministry    Location    Hours per month    Total Months involved    Currently involved (Yes/No)

---

---

---

### WORK HISTORY DURING THE LAST FIVE YEARS

Type of Work    Location    Full/Part Time    Currently Employed there Yes/No)

---

---

---

(Over)

**EDUCATION HISTORY**

School/College/ University      Location   Date Completed   Areas of Study   Degree/Certificate

---

---

---

---

---

**DESCRIBE ANY OTHER REGULAR TIME COMMITMENTS, INCLUDING THE NUMBER OF WEEKLY HOURS REQUIRED (e.g. Cursillo, Scouts, Bowling League, Other Organizations or Committees)**

**HAVE YOU SHARED YOUR LETTER OF INTENT WITH YOUR PASTOR OR OTHER MEMBER OF YOUR PARISH?   YES \_\_\_\_\_ NO \_\_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO:   INSTITUTE FOR CATHOLIC STUDIES AND FORMATION  
10299 SW Peace River Street  
Arcadia, FL 34266-4068**

**TOGETHER WITH A \$25.00 APPLICATION FEE MADE PAYABLE TO:  
INSTITUTE FOR CATHOLIC STUDIES AND FORMATION**