

## University of Saint Mary of the Lake

## Institute for Lay Formation

## **Intent to Begin Form**

**Funding provided by the Catholic Education Foundation** 

Complete this form to indicate that you plan to begin the Lay Leadership Program. Reimbursement will be made following

•	Social Security #			
Home Address		·		
			none	
Work Phone	E	-mail		
Home Parish, City				
Employer	Employment Start Date			
Position		# of years in position		
Check one:  Full	time Part-time, # of	f hrs per week	Volunteer	
Name of immediate sup	ervisor (OR Pastor of a Paris	h Ministry)		
Online Certificate Progr	cam you intent to begin			
Expected Date of Certif	icate Completion			
Cost of Program				
	r paid or volunteer ministry p itle, Diocesan Agency, Name		cesan Agency or parish over the past Duties)	
2. Describe how this ce	ertification will aid you in you	ur current and future	e ministry. Be specific.	
Your intent to begin for (and/or) letter of support	•	er of support from th	ne pastor of your parish ministry	
Please submit intent to l Catholic Education Fou	begin form and letter of suppondation	ort to:		

16555 Weber Road 60403

ATTN: Our Lady of the Lake Lay Leadership

Crest Hill, IL

Any questions? contact <u>ilangenderfer@dioceseofjoliet.org</u> or call 815-221-6127