

**2019 Scholarship Application**

# Application Deadline: May 1, 2019

# Eligibility Criteria

Applicants must be

* a member of a local diocesan organization in the state of Wisconsin. *(WDREF Board members may apply.)*
* actively engaged in the religious education ministry in the state of Wisconsin.
* intending to remain in the religious education field for at least two more years
* committed to their own professional development, i.e., working towards certification, continuing education units, or a bachelor’s, master’s or postgraduate degree in a field related to religious education ministry.

First consideration will be given to applicants who have not been awarded a WDREF scholarship in the last 2 years.

Please type or print legibly.

# A. Personal Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Years of Service: \_\_\_\_\_\_Full-time \_\_\_\_\_\_Part-time \_\_\_\_\_\_Volunteer

Membership with (indicate number of years):

\_\_\_\_\_\_DARE \_\_\_\_\_\_ MDREO \_\_\_\_\_\_Mareda \_\_\_\_\_\_ ProCLAYM \_\_\_\_\_\_SUMMIT

**Record of Employment**. Please begin with current position.

## Place Position Dates of Service

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# B. Educational Goals in field of Religious Education

\_\_\_\_Bachelor’s Degree \_\_\_\_Master Degree \_\_\_\_Doctorate Degree

\_\_\_\_Professional Development \_\_\_\_Professional Certification \_\_\_\_Other:

# C. Membership in other Church, Civic, Local, State, or National Organizations

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# D. How do you see this scholarship furthering your ministry in catechetical leadership?

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# E. Program / Course Information

Name and address of institution where this scholarship will be used:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the course(s) for which you are registering:

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# F. Need for Assistance

What is the total cost of this course(s)? $\_\_\_\_\_\_\_\_\_\_

Amount of funding requested (Maximum: $500): $\_\_\_\_\_\_\_\_\_\_

Does your parish provide monies for continuing education? \_\_\_No \_\_\_Yes, for $\_\_\_\_\_\_\_\_

When is payment due?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you requesting financial assistance?

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# G. Statements of Recommendation

In addition to completing this form, you must also secure a letter of recommendation from each of the following three people. All letters of recommendation should be forwarded with this application to the address below.

1. A diocesan staff person in the religious education department
2. Another DRE or Coordinator
3. A parish staff member with whom you’ve worked within the last five years

**Incomplete applications will not be considered, so please submit this completed form and all letters of recommendation by the deadline of May 1, 2019.**

**Please mail this application with the three letters of recommendation to:**

Jennifer Ludtke

St. Thomas Aquinas Catholic Church

602 Everglade Dr.

Madison, WI 53717

jennifer@stamadison.org