

# MARTIN DE PORRES FOUNDATION

## 2017 Fall Scholarship Application

Ministry to Black Catholics (MBC) Certificate Program

115 Bloomingdale Avenue, Wayne PA 19087 P 267-398-2314



Please <b>type</b> or <b>print</b> your answers.			
1.	Last Name: _____	First Name: _____	MI: _____
2.	Mailing Address: Street: _____  City: _____ State: _____ ZIP: _____		
3.	Internet Mail Address (E-mail): _____		
4.	Daytime Telephone Number: (     )     _____		Cell Telephone Number: (     )     _____
5.	Date of Birth:   Month                      Day                      Year		
6.	Current Employer: _____ Years in job: _____  Occupation: _____		
7.	High School: _____ Graduation Date: _____ Specialized Training: _____ Completion Date: _____ College: _____ Graduation Date: _____ Degree Achieved: _____ College: _____ Graduation Date: _____ Degree Achieved: _____ Graduation Date: _____		
8.	What are your educational and professional goal and objectives? (You can attach your resume if it has this information) _____ _____ _____ _____ _____ _____ _____		
9.	Parish you are currently attending: _____		
10.	Degree or Certificate sought: _____		

11. List all activities within your parish which you have participated in or are currently participating in (Lector, Eucharistic Minister, CYO, Youth Group, Choir, Parish Council, Food Bank, etc.) Please spell out any abbreviations. Attach additional pages if necessary.

Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appointed)
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
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_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed

12. How will you use the knowledge gained in your educational endeavors to serve the Archdiocese of Philadelphia and enhance/enrich the Black Catholic Community? Attach additional pages if necessary.

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13.

**STATEMENT OF ACCURACY  
COMMITMENT OF APPLICANT**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

**I hereby commit myself to serve the Archdiocese of Philadelphia for a time period equivalent to the number of years for which I receive this grant.**

**Signature** of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

