

# Martin de Porres Foundation



## LAY MINISTRY TRAINING – DIOCESAN APPROVED PROGRAMS REIMBURSEMENT FORMS – 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup>, QUARTER (Circle One)

PARISH: \_\_\_\_\_

PHONE: \_\_\_\_\_

PASTOR: \_\_\_\_\_

PD/C/ARE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP:

\_\_\_\_\_

PRESENT INVOLVEMENT IN PARISH ACTIVITIES:

\_\_\_\_\_

\_\_\_\_\_

IS HE/SHE BEING TRAINED FOR A SPECIFIC PURPOSE/POSITION?

\_\_\_\_\_

PROGRAM TOPIC: \_\_\_\_\_

DATES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FEEDBACK ON PROGRAM ATTENDED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF THERE IS MORE THAN ONE STUDENT, PLEASE DUPLICATE THIS FORM  
COPIES OF BILLS MUST BE ATTACHED**

AMOUNT REQUESTED: \_\_\_\_\_

SIGNATURE OF PASTOR: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PD/C/ARE: \_\_\_\_\_

DATE \_\_\_\_\_

Please return this form to the Foundation by September 1, 2018.

**Catherine R. Hamilton**  
**Martin de Porres Foundation**  
**115 Bloomingdale Avenue**  
**Wayne, Pennsylvania 19087 P 267-398-2314**  
**[www.martindeporresfoundation.org](http://www.martindeporresfoundation.org)**