

MARTIN DE PORRES FOUNDATION

2018 Fall Scholarship Application

Ministry to Black Catholics (MBC) Certificate Program

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



Please **type** or **print** 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 Office/Position Held

Dates of Participation

(indicate either Elected or 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.

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: _____

14.

Applicant's Name:

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15.

DO NOT WRITE BELOW THIS

TO BE COMPLETED BY THE PASTOR OR THE DIRECTOR OF RELIGIOUS EDUCATION

The Martin de Porres Foundation agrees to fund educational training for this parishioner with the expectation that he/she will be involved and used in **ministry** at the parish or in the Archdiocese. Briefly summarize how you will engage this student.

Is this student being trained for a specific position? Please explain.

APPLICATION APPROVAL – Please have the appropriate authorized individual(s) sign your application.

Pastor	Name:	Signature:	Date:
Director of Religious Education	Name:	Signature:	Date:
MBC Program Coordinator	Name:	Signature:	Date:

Please return completed forms to: **Cathy R. Hamilton-267-398-2314** Martin de Porres Foundation, 115 Bloomingdale Avenue, Wayne, PA 19087 by **Friday, August 24, 2018**.

Scholarship funds will NOT be awarded to students whose forms are not complete with all signatures. Academic questions should be addressed to **Suzanne Mulrain, Coordinator (SCS) 610-785-6595** or email: **smulrain@scs.edu**.