

ROMAN CATHOLIC DIOCESE OF ALBANY
OFFICE OF THE CHANCERY

Capital Campaign for Leadership

Individual Scholarship Application

INTRODUCTION

The Capital Campaign Scholarship for Leadership Development is given to provide financial assistance for initial and on-going formation of leaders in the Diocese of Albany. These scholarships may be used towards the fees for courses, in-services, workshops and conferences for local and diocesan lay leadership. (Exceptions: Catechetical and Youth Ministers MUST make application through the Office of Evangelization & Catechesis; Ordained Priests and Deacons must apply through the Office of Continuing Ed for Clergy.)

This professional formation must be approved and supported by the Diocesan Office responsible for the specific area of ministry.

Scholarships may be applied to the expenses of any accredited institution of Theology and Pastoral Ministry, as well as conferences on a diocesan, state or national level that will enable the pastoral leader to grow in knowledge and skills for professional ministry. It is expected that parish/planning group/diocesan office and personal resources will supplement this scholarship, according to the financial ability of each.

Criteria for Individuals Applying for Leadership Scholarships

The following criteria need to be met by the applicant:

- 1) The applicant is currently serving as staff or volunteer in a parish/diocesan office in the Diocese of Albany.

- 2) The applicant has demonstrated a commitment to on-going formation: Undergraduate/graduate studies in the field, participation in diocesan sponsored programs

OR

The applicant is new to ministry and desires to begin the process of formation as a pastoral leader.

3) The applicant has demonstrated a history of professional formation and networking with parish/ and diocesan structures.

4) The applicant is committed to two years of ministry within the Albany Diocese.

5) The applicant would benefit from financial assistance and/or is deserving of this scholarship based on commitment and service to this ministry.

6) The application is completed fully, is timely and is accompanied by the recommendation form from a pastor/administrator/parish life director/coordinator, diocesan or agency supervisor who has significant ministry experience with the candidate.

Additional Information

1) Scholarships are for the given year. Application for subsequent years may be made, but renewal is not guaranteed.

2) Financial awards will be given as reimbursement upon completion of the program and all requirements. All fees required at the time of registration must be paid to the institution by the applicant.

3) Persons applying for anticipated college or graduate study must present evidence of her/his acceptance in the program.

4) Scholarship awards will be dispersed three times each year. Applications will be due: **January 15, May 15, and September 15.**

5) The number of awards given in a particular year will depend on the number of applicants, financial amounts requested, and the annual amount of Capital Campaign funding allotted to scholarships. Monies not awarded in a given year will be returned to the Leadership account of the Capital Campaign Fund for use in future years.

6) Preference will be given to those who have need, have demonstrated commitment, excellence in leadership, dedication to their ministry and are

deserving of financial assistance. Applicants who are not awarded a scholarship in a given year are encouraged to apply again.

- 7) It is **expected** that both the parish /diocesan office and applicant will contribute toward the expense of the formation requested. It is the responsibility of the applicant to make an effort to obtain financial assistance from the parish or employing institution. The inability of the individual or the parish/planning group/office to make this contribution, however, does not in any way affect the grant selection process.
- 8) Scholarship assistance is not intended to replace monies already available in the institutional budget of the applicant (e.g. professional conference, in-service workshops, etc. already allocated in the budget)

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APPLICATION PROCESS AND DEADLINE

- Completed application form should be submitted with a detailed budget to:
The Capital Campaign Leadership Grant Committee
Attention: Dorothy A. Sokol, Committee Chair
40 N. Main St., Albany, NY 12203
- Deadlines for this Grant Application are **January 15, May 15 and September 15.**
- Late or incomplete applications will be considered after the next deadline date.
- The Leadership Grant Committee will review all applications. Individuals will be contacted for clarification if necessary.
- The funding decision will be mailed within 6 – 8 weeks.
- Individuals are be required to submit documentation of completion before monies will be sent.

**ROMAN CATHOLIC DIOCESE OF ALBANY
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Capital Campaign for Leadership

Individual Scholarship Application

Name of Applicant: _____

Address: _____

City or Town: _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-mail _____

What area of Ministry in Parish/Diocesan Office/Agency do you serve? _____

Full Time _____ Part Time _____

Salaried: _____ Volunteer: _____

What Parish /Agency do you serve? _____

Address: _____

City/Town _____ Zip _____

Pastor/Parish Life Director/Supervisor: _____

Vicariate: _____

How long have you been in ministry in the Albany Diocese? _____

How long have you been in this diocese? _____

Scholarship is requested for: Describe program, course, conference that you are applying for. Indicate name, dates etc. and a copy of brochure or registration flyer if helpful.

How will participation in this program contribute to your formation and ministry as a leader in your parish and this diocese? You may use an additional sheet if you wish.

Total estimated cost of the program: _____

Please indicate expense items(tuition, travel, accommodations, meals, books, etc.)

Have you applied to any other funding source for a scholarship? i.e. St. Bernard's.

Financial contribution of parish: _____

Personal financial contribution: _____

Scholarship amount requested: _____

Scholarship Application for: [] January 15,____(year).

[] May 15, _____

[] September 15,_____

(please check one of above and indicate year)

Please note: The enclosed recommendation form from your pastor, parish life director or supervisor must accompany this application.

Signature of applicant _____ Date _____

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**Capital Campaign for Leadership
Individual Scholarship Recommendation**

Form will be provided electronically upon request: dorothe.sokol@rcda.org

(TO BE COMPLETED BY THE APPLICANT'S PASTOR,
PARISH LIFE DIRECTOR OR AGENCY DIRECTOR)

Name of applicant: _____

Person completing this form: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

1. Parish/Agency where you interacted with the candidate: _____

2. Length of time and circumstances of your interactions: _____

3. Areas of ministry/service in which the applicant participates please, check all that apply:

| | | |
|-------------------|---------------------------------|-----------------------------------------------|
| <i>Liturgical</i> | <input type="checkbox"/> Lector | <input type="checkbox"/> Eucharistic Minister |
| | <input type="checkbox"/> Music | <input type="checkbox"/> Hospitality |
| | <input type="checkbox"/> RCIA | <input type="checkbox"/> Liturgy Committee |

| | | |
|---------------------|----------------------------------------------|-----------------------------------------|
| <i>Catechetical</i> | <input type="checkbox"/> Catechetical Leader | <input type="checkbox"/> Catechesis |
| | <input type="checkbox"/> Sacramental Prep | <input type="checkbox"/> Youth Ministry |

| | | |
|------------------------------|----------------------------------------|-------------------------------------------------|
| <i>Justice & Service</i> | <input type="checkbox"/> Outreach | <input type="checkbox"/> Visitation of the Sick |
| | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Buildings & Grounds |
| | <input type="checkbox"/> Jail Ministry | <input type="checkbox"/> Family Life |

| | | |
|-----------------------|-------------------------------------------|--------------------------------------|
| <i>Evangelization</i> | <input type="checkbox"/> Welcome Ministry | <input type="checkbox"/> Other _____ |
|-----------------------|-------------------------------------------|--------------------------------------|

| | | |
|-----------------------|-------------------------------------------|--------------------------------------------|
| <i>Administration</i> | <input type="checkbox"/> Pastoral Council | <input type="checkbox"/> Finance Committee |
|-----------------------|-------------------------------------------|--------------------------------------------|

Other Non parish situations, please be specific

4. If the applicant has served in a leadership capacity, briefly describe his/her leadership style:

5. Why do you support/not support the applicant as a leader in your parish/planning group/agency?

6. (If you answered positively to #5), How will his/her participation contribute to the life of the parish/planning group/agency?

7. Will the parish/planning group/agency contribute toward the expense of the requested formation? YES NO.

If YES, what part? () 1/2 () 1/3 () other _____

If NO, please explain. _____

8. Any additional comments

Signature _____

Date _____