



MARYKNOLL MISSION INSTITUTE

PROGRAM APPLICATION FORM FOR MARYKNOLL SISTERS

NAME _____ Last First Middle Initial			
ADDRESS _____			
CITY _____	STATE _____	COUNTRY _____	ZIP CODE _____
TELEPHONE _____		E-MAIL ADDRESS _____	
COUNTRY OF BIRTH _____	BIRTHDATE _____ Month / Day / Year	SELF-SPONSORED _____	
SPONSORING GROUP _____	STATUS: (Please check) SISTER _____ CANDIDATE _____ NOVICE _____		
ARE YOU TAKING THIS / THESE PROGRAMS AS PART OF			
RENEWAL _____	CONTINUING EDUCATION _____	INTEGRATION _____	REFLECTION _____ TRANSITION _____
PLEASE CHECK YOUR <u>CENTER COMMUNITY</u> AND PROVIDE YOUR BUDGET No			
CHI-RO _____	EDEN _____	ROGERS _____	BUDGET NUMBER _____
PLEASE PROVIDE YOUR REGION AND BUDGET NUMBER			
_____			BUDGET NUMBER _____
PRESENT MINISTRY & LOCATION _____			
PROGRAM TITLES		DATE	
1. _____		_____	
2. _____		_____	
3. _____		_____	
4. _____		_____	
PLEASE USE THIS SPACE FOR ANY OTHER COMMENTS: _____ _____			

Within 2 - 3 weeks, we will send confirmation e-mail to the address you listed on the form indicating your application has been received.

To register:

1. Complete the application.
2. Enclose registration fee of US \$60.00, drawn on a US bank. **(Check payable to Maryknoll Mission Institute).**
3. Attach a small informal photo.
4. Mail application and enclosures to: **Maryknoll Mission Institute**

Maryknoll Sisters P.O. Box 311
Maryknoll, NY 10545-0311

REGISTRATION FEE:

Not required in advance for Sisters on RENEWAL or sponsored by CPD Entities.
Not required in advance for Sister Members of CHI RHO, EDEN or ROGERS COMMUNITIES.
Required in advance Registration Fee of \$60.00 for Sisters not covered by Central Administration
The Registration Fee of \$60.00 is **NON-REFUNDABLE**.

For further information or assistance please call: (914) 941-0783 ext. 5671 or email: missinst@mksisters.org
Program descriptions and Application can be downloaded from our website:

<http://www.maryknollsisters.org/maryknoll-mission-institute-2/>