



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-RHO	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/>