



**The Master of Arts in Ministry and Master of Theological Studies  
Degree Programs of Saint John's Seminary**

**The Catholic Health Foundation Scholarship Application**

**Personal Data:**

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Title (Mr., Ms., Mrs., Sr., Br.)    Last name    First name    Middle Initial    Order

\_\_\_\_\_

Street Address    City/Town    State    Zip Code

\_\_\_\_\_

Email Address    Telephone

\_\_\_\_\_

Parish Affiliation    City/Town    State    Gender:  Male  Female

**Previous Degrees and Dates Earned or Expected:**

Institution	Degree/Major	Date

**Related Non-credit Training:**

List any non-credit training program in an area of apostolic work in which you have participated, such as hospital ministry, catechist, etc. Attach a separate sheet if more space is needed.

Program	Diocese/Location	Area of Study	Date

**Application Cover Letter:**

Please attach a cover letter explaining your interest in this particular course. Also indicate the likelihood of your future enrollment in the M.A.M. and M.T.S. Degree Programs of Saint John's Seminary, which program you are considering, and why.

Submit your completed application by **May 6<sup>th</sup>, 2021**, email to Dr. Aldona Lingertat, Director of the M.A.M. and M.T.S. Degree Programs, at **aldona.lingertat@sjs.edu**.