



MINISTRY TO MINISTERS  
SABBATICAL PROGRAM



**ECCLESIASTICAL SPONSOR FORM**  
For Priests, Religious, and Lay Ministers

I certify that \_\_\_\_\_ is a member of  
Name of Applicant

\_\_\_\_\_ in good standing:  
Name of Diocese, Religious Community or Ministerial Institution

Yes/No This applicant is a member in good standing

Yes/No Applicant is current with regard to our policies and standards for professional behavior (e.g. in the U.S., child protection, sexual harassment) If no, briefly explain \_\_\_\_\_  
\_\_\_\_\_

Yes/No Is there any current litigation pending against this member of your Diocese/Religious Community/Institution?  
If yes, briefly explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes/No Has permission to participate in the Ministry to Ministers Sabbatical Program at Oblate School of Theology.

Yes/No (U.S. Applicants Only) Has medical insurance through our diocesan/provincial policy.

He/she will receive full financial support for:

- \_\_\_\_\_ Tuition and fees
- \_\_\_\_\_ Room and board
- \_\_\_\_\_ Living expenses / spending money
- \_\_\_\_\_ OST student medical insurance coverage (non-U.S. applicants only)

*Note: If the Diocese, Community or Ministerial Institution is unable to support the applicant financially, please attach a letter to this form indicating means of financial support such as scholarships, loans, donations, etc.*

**(See next page)**