



**MINISTRY TO MINISTERS  
SABBATICAL PROGRAM**



**APPLICATION INSTRUCTIONS & FORMS**

The MTM Application consists of the following:

- Application Form
- Autobiographical sketch
- Recent photograph
- Copy of COVID-19 vaccination record
- Copy of Passport (International applicants only)
- Medical Information Form
- Ecclesiastical Sponsor Form (sent directly to MTM by relevant superior)
- Two Confidential Recommendation Forms (submitted directly to MTM by relevant superior and relevant person as described below)

1st Recommendation- from Ecclesiastical Superior

Diocesan Priest – Recommendation from your Bishop or Vicar of Clergy

Religious-- Recommendation from your Provincial Superior or a member of the provincial council

Lay Ecclesial Minister – Recommendation from your current ecclesial employer or ministerial supervisor

2nd Recommendation- may be from a friend, colleague, family member, etc

- Application Fee \$55 USD. Please make checks to Oblate School of Theology/MTM or pay online at <https://ost.edu/ministry-to-minister-forms/mtm-payment/> .

Please scan forms to [mtm@ost.edu](mailto:mtm@ost.edu) or mail to address below:

MTM Program Director/Pat Guidon Center  
Oblate School of Theology  
109 Oblate Drive  
San Antonio, TX 78216-6613

Phone: (210) 349-9928

e-mail: [mtm@ost.edu](mailto:mtm@ost.edu)

website : <https://ost.edu/mtm/>



**MINISTRY TO MINISTERS  
SABBATICAL PROGRAM**



**APPLICATION FORM**

Session Beginning: Month: \_\_\_\_\_ Year: \_\_\_\_\_

*Please type or print all information.*

Full Name: \_\_\_\_\_

Legal Name/Name which appears on Passport

Religious Community Initials: \_\_\_\_\_

Date of Birth: Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ Present Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Province, or Region: \_\_\_\_\_

Zip (Postal) Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Legal Title of Community or Diocese: \_\_\_\_\_

Present Ministry: \_\_\_\_\_

(see next page)





*MINISTRY TO MINISTERS  
SABBATICAL PROGRAM*



**APPLICATION FORM (page 3)**

6. Please write an autobiographical sketch of no more than three double-spaced typed pages. Include brief accounts of (a) family background, (b) ministerial history and, (c) personal faith journey.

7. Confidential Recommendation Right of Access

Two letters of confidential evaluation are required before your application can be processed. One letter must be from your Bishop or Vicar for Clergy (if you are a diocesan priest); or Provincial Superior or a member of the Provincial Council (if you are a Religious); or from your ecclesial employer or ministerial supervisor (if you are a lay ecclesial minister). The second letter can be from friend, colleague, family member, etc.\*

I understand that two letters of confidential evaluation are required.

I understand that the completed CONFIDENTIAL RECOMMENDATION will be used only for admission purposes and I hereby waive my right of access to this recommendation.

- My signature \_\_\_\_\_



*MINISTRY TO MINISTERS*  
*SABBATICAL PROGRAM*  
**CONFIDENTIAL RECOMMENDATION FORM**



CONFIDENTIAL RECOMMENDATION OF \_\_\_\_\_

By: \_\_\_\_\_ Relation to Above: \_\_\_\_\_

In the space provided, please give us a general idea of the applicant's gifts and areas for growth. The honesty and objectivity of your evaluation are important for the success of our program and well-being of the applicant.

- How long and how well have you known the applicant?
  
- What are the applicant's areas of strength?
  
- What are areas for his/ her growth and development at this time?
  
- Is there anything else that we should know about the applicant?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit directly to:  
DIRECTOR, MINISTRY TO MINISTERS PROGRAM  
109 Oblate Drive, San Antonio, Texas 78216-6613  
E-mail: [mtm@ost.edu](mailto:mtm@ost.edu) / Telephone: (210) 349-9928 / Website: <https://ost.edu/mtm/>  
**(Please duplicate forms as necessary)**



**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)**



MINISTRY TO MINISTERS  
SABBATICAL PROGRAM



ECCLESIASTICAL SPONSOR FORM (page 2)

**Financial Information (Party Responsible for Billing)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Ecclesiastical Signature**

*(Bishop/Vicar for Clergy, Provincial Superior/Provincial Counselor, Pastor)*

Name (printed) \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Authorizing signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit directly to:  
DIRECTOR, MINISTRY TO MINISTERS PROGRAM  
109 Oblate Drive, San Antonio, Texas 78216-6613  
E-mail: [mtm@ost.edu](mailto:mtm@ost.edu) / Telephone: (210) 349-9928 / Website: <https://ost.edu/mtm/>







**MINISTRY TO MINISTERS**  
*Sabbatical Program - Oblate School of Theology*  
**MEDICAL INFORMATION FORM (page 2)**



*All participants are required to complete each section. Registration will not be finalized without these forms. The information is strictly for the use of the Ministry to Ministers Program and will not be released without your knowledge or consent.*

**PERSONAL HISTORY**

Have you ever had:	Y	N
Scarlet Fever		
Measles		
German Measles		
Mumps		
Chicken Pox		
Malaria		
Venereal Disease		
Tuberculosis		
AIDS		
Surgeries:	Date	
1.		
2.		
3.		
4.		
Has your physical activity been restricted during the past five years? (Give reasons and durations)		
Have you ever had illness or injury or been hospitalized other than noted above? (give details)		
Have you been treated by a psychiatrist, psychoanalyst, psychologist, or similar practitioner for any mental, emotional, or nervous disorder within the last two years?		
Have ever been hospitalized for any mental, emotional or nervous disorder or placed in a mental health facility?		
Have you consulted or been treated by clinics, physicians, healers or other practitioners within the past five years (other than routine checkups)?		

SIGNATURE	DATE
-----------	------

**PRIMARY CARE PHYSICIAN'S CONTACT INFORMATION**

Physician's Name (Please print)	
Address	Telephone number
City, State, Zip Code	Date