



### **De Mazenod Institute for Parish Renewal**

Applicants must submit a formal application and letters of recommendation from the pastor and two others. The pastor must agree in writing to allow the student to form and implement an evangelization team in the parish. An interview with the Program Director is also required.

#### **Certificate Requirements**

1. Successful completion of required areas of study for the program
2. Participation in retreats, workshops, and theological reflection groups
3. Successful completion of a pastoral practicum: implementation of an evangelization team

The **De Mazenod Institute for Parish Renewal** may be taken for either a certificate or for undergraduate credit. For some, it may be the starting point for pursuing a professional degree. The institute offers opportunities for professional continuing education and personal spiritual renewal to those serving in church and society.

#### **To apply:**

1. Discuss attending the De Mazenod Institute for Parish Renewal with your pastor. Make sure he understands that you will be expected to form/ work with an evangelization team in the second year of the program.
2. Fill out the application form. Use the online process on the website [ [www.ost.edu](http://www.ost.edu)] or submit a paper application by mail.

**De Mazenod Institute for Parish Renewal**  
**Oblate School of Theology**  
**Registrar's Office**  
**285 Oblate Drive**  
**San Antonio, TX 78216**

3. Submit a non-refundable application fee of \$25.00.
4. Send recommendation forms or the links to them on the website to your pastor and the two people who will be giving recommendations.

When your application is received, Dr. Rose Marden, Director of the De Mazenod Institute for Parish Renewal, will contact you to set up an appointment for an interview. Upon your acceptance for admission to the institute, you will receive an information pack, including the schedule of classes and a list of books.



## De Mazenod Institute for Parish Renewal Application

Application Date: \_\_\_\_\_

Anticipated entrance: Fall \_\_\_\_\_

### I. PERSONAL INFORMATION

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

email: \_\_\_\_\_

Is the billing address the same? \_\_\_\_ YES \_\_\_\_ NO

If different billing address:

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

Street address: \_\_\_\_\_

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

Gender: \_\_\_\_ male \_\_\_\_ female

Marital status: \_\_\_\_ married \_\_\_\_ single \_\_\_\_ divorced \_\_\_\_ widowed

Denominational affiliation (be specific): \_\_\_\_\_

Parish/Congregation: \_\_\_\_\_ Pastor: \_\_\_\_\_

Are you a member of a religious community? \_\_\_\_ YES \_\_\_\_ NO

If yes, name of community: \_\_\_\_\_

Contact person in community: \_\_\_\_\_

*The following information is requested only of U.S. citizens and permanent residents. The information is strictly confidential.*

\_\_\_\_ Native American or Alaskan Native

\_\_\_\_ Hispanic

\_\_\_\_ White, non-Hispanic

\_\_\_\_ Asian or Pacific Islander

\_\_\_\_ Black, non-Hispanic

## II. EDUCATION

List, in chronological order, educational institutions you have attended. Begin with high school.

|    | NAME OF SCHOOL / INSTITUTION | DATES<br>ATTENDED | DATE<br>GRADUATED | DIPLOMA/DEGREE<br>CERTIFICATE |
|----|------------------------------|-------------------|-------------------|-------------------------------|
| 1. | _____                        |                   |                   |                               |
| 2. | _____                        |                   |                   |                               |
| 3. | _____                        |                   |                   |                               |
| 4. | _____                        |                   |                   |                               |
| 5. | _____                        |                   |                   |                               |
| 6. | _____                        |                   |                   |                               |

## III. REFERENCES

Name three persons acquainted with your academic and professional experience. The **pastor must always be one of these references**. In addition, please name two other persons who can give us an assessment of your readiness for ministry (i.e., co-workers, parishioners, and friends). The recommender can use the online Recommendation Form for the De Mazenod Institute for Parish Renewal found on the web page. Or you may download and print the recommendation form and provide a stamped, addressed envelope for each recommender. Address envelopes to:

**De Mazenod Institute for Parish Renewal  
Oblate School of Theology  
Registrar's Office  
285 Oblate Dr.  
San Antonio, TX. 78216**

Reference 1:     **Pastor:** Name \_\_\_\_\_ Church: \_\_\_\_\_  
                         Address \_\_\_\_\_  
                         City /State \_\_\_\_\_ zip code \_\_\_\_\_

Reference 2:     Name \_\_\_\_\_  
                         Address \_\_\_\_\_  
                         City /State \_\_\_\_\_ zip code \_\_\_\_\_

Reference 3:     Name \_\_\_\_\_  
                         Address \_\_\_\_\_  
                         City /State \_\_\_\_\_ zip code \_\_\_\_\_

#### IV. EXPERIENCE

List your work experience, beginning with your most recent:

| Employer | Employer's address | Position held | Approximate dates |
|----------|--------------------|---------------|-------------------|
| 1.       |                    |               |                   |
| 2.       |                    |               |                   |
| 3.       |                    |               |                   |
| 4.       |                    |               |                   |

List any faith formation or ministry training you have attended (adult faith formation, liturgical ministry formation, diocesan certification program, IFP, on line courses, etc.)

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Describe your ministerial experience, if any: \_\_\_\_\_

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Do you have any medical condition or handicap which requires special attention, drugs or equipment, or faculty accommodations, which would affect your attendance? \_\_\_\_ NO \_\_\_\_ YES

If yes, what are your specific needs? \_\_\_\_\_

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#### V. TUITION INFORMATION

Will your parish, religious congregation, or other sponsoring church agency contribute financially to your support in the De Mazenod Institute for Parish Renewal? \_\_\_\_ YES \_\_\_\_ NO

If yes, who has authorized the support?

Person authorized: \_\_\_\_\_ Church: \_\_\_\_\_

If yes, to what extent?

\_\_\_\_ full tuition \_\_\_\_ half tuition \_\_\_\_ one-third tuition \_\_\_\_ other

Are you able to manage full payment through your own resources? \_\_\_\_ YES \_\_\_\_ NO

Will you be applying for tuition assistance? \_\_\_\_ YES \_\_\_\_ NO

If yes, to whom will you be applying? \_\_\_\_\_

## **VI. AUTOBIOGRAPHY**

Attach an autobiography of approximate 1000 words in which you describe significant events in your life. Emphasize the experiences in your personal, family, occupational, social, and/or spiritual history which relate to your desire to participate in the ministry of evangelization. Include descriptions of any previous ministerial experience and why, at this point in your life, you seek admission to the De Mazenod Institute for Parish Renewal.

I affirm that the information I have provided in this application form is true and correct, to the best of my knowledge.

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

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