



**MINISTRY TO MINISTERS
SABBATICAL PROGRAM**



APPLICATION INSTRUCTIONS & FORMS

The MTM Application consists of the following:

- Application Form
- Autobiographical sketch
- Recent photograph
- 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 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

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 2)



1. What is your purpose for seeking admission to Ministry to Ministers?
How do you think this program can suit your present needs?

2. Have you participated in any other programs of renewal or continuing education in the past five years? If so, please list.

3. How did you hear about the Ministry to Ministers Sabbatical Program?

4. What aspects of ministry have you found most satisfying and rewarding?

5. Academic degrees are not required or considered in the admission process, but please indicate what degrees, diplomas, and/or licenses you hold, if any?

(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 / 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 / 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