

*Archdiocese
of Louisville* 
Ministry Institute

Specialization Application Form

Name: _____ Date Applied: _____

Street: _____ City: _____ State/ ZIP: _____

Telephone: (hm): _____ (wk): _____ Cell: _____ Email: _____

Parish _____ Grade: _____

School/Community _____ Grade: _____ Years in Parish /School/Community _____

Present Occupation/Ministry: _____ School Religion Teacher: Yes: _____ No: _____

Choose One Area of Specialization:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Art and Environment Committee Formation <input type="radio"/> Cantor Formation <input type="radio"/> Catechist Certification <input type="radio"/> Discipleship <input type="radio"/> Leaders of Prayer Formation | <ul style="list-style-type: none"> <input type="radio"/> Lector Formation <input type="radio"/> Liturgy for Teachers and Catechists <input type="radio"/> Liturgy Formation <input type="radio"/> Multicultural Ministry <input type="radio"/> Parish Administration <input type="radio"/> Pastoral Ministry | <ul style="list-style-type: none"> <input type="radio"/> Social Ministry <input type="radio"/> Spiritual Direction <input type="radio"/> Worship Committee Formation <input type="radio"/> Youth Ministry |
|---|--|---|

For Discipleship Only

Choose location and day for your spiritual formation group: Put a one by your first choice and two by your second choice

- | | | |
|--|---|--|
| <input type="checkbox"/> Tuesday 7:00 pm - 9:30 pm
St. Barnabas | <input type="checkbox"/> Wednesday 9:30 am – 12:00 Noon
Maloney Center | <input type="checkbox"/> Thursday 7:00 pm – 9:30 pm
Flaget Center |
|--|---|--|

Education / Training / Certificates (please attach college transcript and any other documentation for classes listed below)

<u>School/Program</u>	<u>Location</u>	<u>Area of Study</u>	<u>Diploma/Degree/Certificate</u>	<u>Year</u>

Any Other Education Experiences: *(Workshops, formation programs, etc., feel free to add pages)*

<u>Title</u>	<u>Location</u>	<u>Length of Time</u>	<u>Year</u>

Ministry Experience

<u>Description of Ministry</u>	<u>Location</u>	<u>Hours per month</u>	<u>Total Months Involved</u>	<u>Currently Involved</u>

Signature _____ Date _____

*Please return to: ALMI
1935 Lewiston Drive,
Louisville, KY 40216
Phone (502) 448-8581 / Fax (502) 448-5518 / Email almi@archlou.org*