

ILM Registration Form For Graduates and Non-ILM Students

Name:				
ILM Graduate:	□ No Gradua	ation Year:		
Address		City		Zip code
Home Phone	e Phone Work Phone		Cell phone	
Email:			Parish:	
Education History: (check to [] High School [] Junio		e/University	[] B.A. degree	[] M.A. degree
In what area of ministry is	the candidate currently	y involved at t	the parish? (Pastor)	
Within this ministry, what	characteristics of leade	ership have yo	ou seen in this cand	lidate? (Pastor)
In what area of parish lead	ership is the candidate	e already invol	ved? (Pastor)	
Elective class to be enrolled	d in:			
Who is responsible for the	candidate's tuition ? books?		☐ Individual ☐ Individual	
Other comments:				
Pastor signature:(Only required if parish is r				Date: