

ONGOING FORMATION OF PRIESTS
DIOCESE OF OWENSBORO
PRESBYTERAL APPLICATION FOR SABBATICAL

Date: _____

Name: _____

Parish: _____

Address: _____

Telephone(s): _____

Description of the Sabbatical Program and its Professional/Ministerial Credentials:

Date to begin: _____

Date to conclude: _____

Program location address:

Personal Goals:

Professional/Ministerial Goals:

Budget Projections:

Registration:

Transportation:

Tuition/Fees:

Room and Board:

Specify any other direct or incidental costs:

Please review diocesan policies on sabbatical. Return this application along with any program literature you may have on the sabbatical you have in mind. Your application will be discussed with Bishop Medley and with the Committee for the Ongoing Formation of Priests. You will hear from us A.S.A.P. on the status of your request.