



OFFICE OF ADULT &
MINISTERIAL FORMATION

FORMATION FOR MINISTRY PROGRAM

Deacon Jeffrey Dixe, Director

Diocese of Syracuse

240 East Onondaga Street

Syracuse NY 13202

Phone: (315) 470-1491

E-mail jdixe@syrdio.org

PASTOR'S TUITION FORM

Sponsoring Parish	
Parish Mailing Address	
City/Zip	

Candidate(s) for whom tuition payment is enclosed and plan selected:

LAST NAME

FIRST NAME

FFM is a 2-year program. Tuition Fee due each year is **\$810.00 (for a total of \$1620.00)**. This includes: Tuition, books, retreat and workshop fees: *Checks to be made payable to the Diocese of Syracuse. In the check memo line please include FFM program. Please complete Step 1 and Step 2.*

STEP 1. Please check the appropriate box for the plan chosen.

A. Parish will pay \$810.00 in one payment each year.

B. Parish will pay \$405.00 in the fall and \$405.00 in the spring each year.

C. Parish will pay \$ _____ each year. Candidate will pay \$ _____ each year.

STEP 2. Amount included with this form

Parish \$ _____ TOTAL AMOUNT ENCLOSED \$ _____

Individual \$ _____

Pastor's Signature: _____ Date: _____



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Pastor's Recommendation for Admission to the Formation for Ministry Program

This serves as my personal endorsement of:

who is applying for admission to the Formation for Ministry.

1. In what ways has the applicant been involved in ministry? Discuss her/his effectiveness.

2. How would you describe the applicant's level of maturity and responsibility? Emotional and physical health?

3. Additional comments which might be helpful in evaluating this applicant.

I recommend this candidate for admission to the Formation for Ministry Program

I do not recommend this candidate for admission to the Formation for Ministry Program

Other. Please
explain _____

I have met with the candidate and have discussed both her/his personal goals relative to the proposed ministry and the needs and goals of the parish/agency.

If admitted the candidate will have a **definite ministerial role** in our parish/institution when she/he successfully completes the Formation Program.

Supervisors meet at specific times with the candidate during the two-year program and guide him/her in their ministerial role during the formation process.

I agree to serve as Supervisor for the candidate during the two-year program.
or
 I will appoint a Supervisor for the candidate during the two-year program.

Name of Supervisor if other than the pastor

Email address of Supervisor

Mailing address of Supervisor

Pastor's Signature _____ Date _____

Parish _____ Phone _____

Address _____

Pastor's E-mail _____ Parish E-mail _____