

**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

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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: \_\_\_\_\_



## FORMATION FOR MINISTRY PROGRAM

Diocese of Syracuse  
240 East Onondaga Street  
Syracuse NY 13202  
Phone: (315) 470-1491  
E-mail [jdixe@syrdio.org](mailto:jdixe@syrdio.org)

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

This serves as my personal endorsement of:

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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.

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

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

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\_\_\_\_\_ 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 \_\_\_\_\_

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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 \_\_\_\_\_