

Sisters of Divine Providence
Application to the Providence Companions in Mission

Directions: Please complete all sections of this application. If additional space is required in any section, attach pages as necessary.

A. Identifying Information:

Full Name: _____

First _____ Middle _____ Last _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____

Place of Birth: _____ Date of Birth _____/_____/_____
Month Day Year

Are you a U.S. citizen? YES ____ NO ____

If NO, what is your citizenship? _____

If you are a naturalized citizen, what is your naturalization number? _____

Social Security Number: _____

Name on Social Security Card: _____

Name on Driver's License: _____

Driver's License State: _____ Driver's License Number: _____

Home Parish: _____

Home Diocese: _____

Present Occupation: _____

B. Family Information:

Mother's Full Name: _____

If living, her age: _____ If deceased, year of her death: _____

Her Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Father's Full Name: _____

If living, his age: _____ If deceased, year of his death: _____

His Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Give the name, age, and phone number and current address of each of your sisters and brothers:

Name	Age	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Financial Information:

Are you financially independent? _____

If no, explain:

Life insurance: _____

Health insurance: _____

Other insurance: _____

Sources of income: _____

Monthly income: \$ _____

Is there anyone who is financially dependent on you or likely to need your financial support? _____

If YES: Who? _____ Relationship: _____

To what extent?

D. Education Information:

Name of High School: _____

Location: _____ Year of Graduation: _____

Name of Undergraduate College/University: _____

Location: _____ Year of Graduation: _____

Major: _____ Minor: _____

If you attended college but have not graduated, number of college semester hours completed: _____ Have you received any graduate degrees, certifications, licenses, etc.? _____

If YES, describe below:

Degree, certificate or license: _____

Name of issuing institution: _____

Location: _____ Year Received _____

How much of your own education did you finance yourself?

Did you pay for your own room and board? _____ Clothes? _____
Car? _____

Number of years of formal religious education: _____

Elementary: _____ High School: _____ College: _____ Adult Education: _____ Other: _____

E. Employment Information:

List your places of employment in order, beginning with your present position. Use additional paper as necessary. (You may skip this section if you attach a resume that provides the requested information).

1. Employer: _____

Complete Address: _____

Position Title: _____

Dates Employed: From: _____ To: _____

Reason for Leaving: _____

2. Employer: _____

Complete Address: _____

Position Title: _____

Dates Employed: From: _____ To: _____

Reason for Leaving: _____

3. Employer: _____

Complete Address: _____

Position Title: _____

Dates Employed: From: _____ To: _____

Reason for Leaving: _____

F. Social History and Involvement:

Have you ever done volunteer work? _____

If YES, when and what type of work?

To whom do you go for help with your personal problems?

What are some of your hobbies, special talents and interests?

Name the last three books you have read:

Which book was most significant to you and why?

I hereby express my desire to become a participant in the Providence Companions in Mission.

Applicant's Signature: _____ Date: _____

Received By: _____ Date: _____

Title: _____

Letters of Recommendation Record - Application for Providence Companions in Mission Program

Please list below the names, titles and relevant information about the six people from whom you will request a letter of recommendation as part of the application process for the Providence Companions in Mission.

Character Reference

I will request a letter of recommendation from the following friend (or associate) who knows me well on a personal level and can attest to my maturity, integrity and moral character.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail: _____

Professional Reference

I will request a letter of recommendation from the following associate (or employer or supervisor) who knows me well on a professional level and can attest to my professional responsibility and integrity.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail: _____

Spiritual Advisor Reference

I will request a letter of recommendation from the following spiritual director (or teacher or advisor) who knows me well on a spiritual level and can attest to the authenticity and sincerity of my spiritual journey.

Name: _____

Address:

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail: _____

Personal Reference

I will request a personal letter of recommendation from each of the following friends.

Name: _____

Address:

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail: _____