



Certification of Ministry

This certifies that _____
Name of Student

Student ID # _____

is involved in ministry as a _____

at _____
Place of Ministry

_____ City

_____ State Zip

and therefore fulfills the prerequisite for receiving a 25% Ministry Scholarship.

Signature of Supervisor _____	Date _____
Name (please print) _____	
Position _____	
Place _____	
Address _____	

Telephone (_____) _____ - _____	

Please return to:
Fr. Tom Powers, SJ, Director
Graduate Program in Pastoral Ministries
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053-0337