



## Certification of Ministry

This document certifies that \_\_\_\_\_  
Name of Student

Student ID# \_\_\_\_\_

is involved in ministry as \_\_\_\_\_  
type of ministry

at \_\_\_\_\_  
place of ministry

in \_\_\_\_\_  
city, state and zipcode where ministry takes place

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

Signature of Supervisor _____
Name _____ Please print
Position _____
Name of Parish or place of ministry _____
Address _____ _____
Telephone _____
Date _____

Please return this form to:  
**Graduate Program in Pastoral Ministries**  
**Santa Clara University**  
**500 El Camino Real**  
**Kenna Hall, 323**  
**Santa Clara, CA 95053**