



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 _____ <small>Please print</small>
Position _____
Name of Parish or place of ministry _____
Address _____ _____
Telephone _____
Date _____

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