



Candidate Educational Profile

Date _____

Name _____
Last First Middle

Address _____
Number/Street

City _____ State _____ Zip _____

Parish _____ Date of Birth _____

Email _____ Wk Phone # _____

Home Phone # _____ Cell Phone # _____

Educational Background

Yes / No High School Diploma

School _____ City _____ State _____

Yes / No College/University

_____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

Credits/Hours already received

Yes / No Degree(s) (Please list)

Religion / Theology Hrs _____

All information received will be kept confidential. -- This is simply to provide information for scholarship fund distribution based on needs.

It is anticipated that the individual and parish will also be contributing.

Our mission is to nurture and assist our fellow Catholics in the fields of Ministry.

Return this form to:

Office Lay Ministry
Michael Davis
Diocese of Grand Island
1225 S. Poplar St, Suite 100
North Platte, NE 69101