



INSTITUTE FOR
LAY FORMATION

CRITICAL NEEDS SCHOLARSHIP

CONFIRMATION OF APPLICANT EMPLOYMENT & RECOMMENDATION

Please type or print clearly

Applicant Name: _____

The Critical Needs Scholarship provides ongoing tuition assistance for full-time and part-time benefits eligible lay employees of the Archdiocese of Chicago including employees of schools owned or sponsored by religious congregations.

Employer Information

Supervisor Name: _____

Position: _____

Parish/School/Agency: _____

Address: _____

Telephone: _____ E-mail: _____

Please answer the following questions:

The applicant is currently employed: ____ Full-time ____ Part-time, benefits eligible

Length of employment: _____ Is he/she in good standing? _____

Are there any circumstances which could prevent the applicant from remaining in your employment in the coming year (July 2018–June 2019)?

Would you recommend the applicant for further academic studies and financial assistance through the Critical Needs Scholarship? Why or why not?

Please provide any information that would help the selection committee decide why this applicant should receive the scholarship. (You may use other side if necessary.)

Signature: _____ Date: _____

Please return completed form by **May 1, 2018** to:
Critical Needs Scholarship, Institute for Lay Formation, 1000 E. Maple Ave., Mundelein, IL 60060