

**CLI STUDENT APPLICATION - 2011**

Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Representing Parish or School: \_\_\_\_\_ City \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade as of Sept. 2011: \_\_\_\_\_

E-Mail Address \_(print clearly): \_\_\_\_\_

Parent(s) or Guardian Names(s): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

This Section is to be completed by student.

Please describe some leadership experiences/responsibilities that you have had or expect to have in the near future.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share three positive qualities that you possess and use them to describe yourself.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify two (2) things that you would like to accomplish at the Christian Leadership Institute.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This completed Student Application, Adult Recommendation Form and a \$100.00 deposit are to be received no later than February 1, 2011. Send to: Diocese of Gaylord, CLI 2011, 611W. North Street, Gaylord, MI, 49735. Once you are registered, you will receive a registration confirmation packet.

Identify liturgical ministry you are interested in:		
Lector _____	Music - (Vocal) _____	Liturgical Dance _____
Eucharist Minister _____	(Instrumental - Type) _____	