

**Sisters of Divine Providence**  
**Application to the Providence Companions in Mission**

Directions: Please complete all sections of this application. If additional space is required in any section, attach pages as necessary.

**A. Identifying Information:**

Full Name: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Are you a U.S. citizen? YES \_\_\_ NO \_\_\_

If NO, what is your citizenship? \_\_\_\_\_

If you are a naturalized citizen, what is your naturalization number? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name on Social Security Card: \_\_\_\_\_

Name on Driver's License: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Home Diocese: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

**B. Family Information:**

Mother's Full Name: \_\_\_\_\_

If living, her age: \_\_\_\_\_ If deceased, year of her death: \_\_\_\_\_

Her Street Address: \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

If living, his age: \_\_\_\_\_ If deceased, year of his death: \_\_\_\_\_

His Street Address: \_\_\_\_\_

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

Give the name, age, and phone number and current address of each of your sisters and brothers:

Name	Age	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. Financial Information:**

Are you financially independent? \_\_\_\_\_

If no, explain:

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

Life insurance: \_\_\_\_\_

Health insurance: \_\_\_\_\_

Other insurance: \_\_\_\_\_

Sources of income: \_\_\_\_\_

Monthly income: \$ \_\_\_\_\_

Is there anyone who is financially dependent on you or likely to need your financial support? \_\_\_\_\_

If YES: Who? \_\_\_\_\_ Relationship: \_\_\_\_\_

To what extent?

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

**D. Education Information:**

Name of High School: \_\_\_\_\_

Location: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Name of Undergraduate College/University: \_\_\_\_\_

Location: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

If you attended college but have not graduated, number of college semester hours completed: \_\_\_\_\_ Have you received any graduate degrees, certifications, licenses, etc.? \_\_\_\_\_

If YES, describe below:

Degree, certificate or license: \_\_\_\_\_

Name of issuing institution: \_\_\_\_\_

Location: \_\_\_\_\_ Year Received \_\_\_\_\_

How much of your own education did you finance yourself?

\_\_\_\_\_

Did you pay for your own room and board? \_\_\_\_\_ Clothes? \_\_\_\_\_  
Car? \_\_\_\_\_

Number of years of formal religious education: \_\_\_\_\_

Elementary: \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_ Adult Education: \_\_\_\_\_ Other: \_\_\_\_\_

**E. Employment Information:**

List your places of employment in order, beginning with your present position. Use additional paper as necessary. (You may skip this section if you attach a resume that provides the requested information).

1. Employer: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2. Employer: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

F. Social History and Involvement:

Have you ever done volunteer work? \_\_\_\_\_

If YES, when and what type of work?

\_\_\_\_\_

To whom do you go for help with your personal problems?

\_\_\_\_\_

\_\_\_\_\_

What are some of your hobbies, special talents and interests?

\_\_\_\_\_

Name the last three books you have read:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which book was most significant to you and why?

\_\_\_\_\_

\_\_\_\_\_

I hereby express my desire to become a participant in the Providence Companions in Mission.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

## **Letters of Recommendation Record - Application for Providence Companions in Mission Program**

Please list below the names, titles and relevant information about the six people from whom you will request a letter of recommendation as part of the application process for the Providence Companions in Mission.

### **Character Reference**

I will request a letter of recommendation from the following friend (or associate) who knows me well on a personal level and can attest to my maturity, integrity and moral character.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Professional Reference**

I will request a letter of recommendation from the following associate (or employer or supervisor) who knows me well on a professional level and can attest to my professional responsibility and integrity.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Spiritual Advisor Reference**

I will request a letter of recommendation from the following spiritual director (or teacher or advisor) who knows me well on a spiritual level and can attest to the authenticity and sincerity of my spiritual journey.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Personal Reference**

I will request a personal letter of recommendation from each of the following friends.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_