



# *Sandy-Saulteaux Spiritual Centre*

Box 210, Beausejour, Manitoba ROE OCO  
Phone: 204-268-3913 Fax: 204-268-4463  
Email: [connect@sandysaulteaux.ca](mailto:connect@sandysaulteaux.ca)

## **MINISTRY TRAINING PROGRAM REGISTRATION FORM**

**SEE REVERSE FOR ALL ADMISSION REQUIREMENTS TO PROGRAM**

### ***Ministry Training Program Registration Form***

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

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

Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ For Messages: \_\_\_\_\_

Email (if you have one) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Family members \_\_\_\_\_

Education: Grade Level completed \_\_\_\_\_

Previous courses \_\_\_\_\_

Congregation where you are a member: \_\_\_\_\_

Band Membership \_\_\_\_\_

### **Financial Information: (2022-2023 school year)**

Annual program costs are \$ 21,365.00. This includes four 2-week learning circles (8 credit courses) in residence at the Centre and supervised community-based field education.

**SSSC Bursaries** may be available if personal resources, education funding from the band council, or other sources are not available.

**REQUIRED for ADMISSION to the PROGRAM:**

- 1. Resume of work and volunteer experience.** Included here \_\_\_\_
- 2. A two-page statement** describing the formative influences in your life; your involvement with your church, and explaining your sense of *call* to ministry – why you want to enter the ministry training program. Included here \_\_\_\_

You will also need to have:

- 1. An interview** with SSSC staff or elder.
- 2. A meeting with your Indigenous Candidacy Board** and a letter of support from them sent to SSSC.
- 3. An application to your Band Education Authority** for funding, if you are Treaty. SSSC

*Bursaries may be available if personal resources, education funding from the band council, or other sources are not available.*

When do you hope to start classes? \_\_\_\_\_

I would like an application for bursary assistance \_\_\_\_\_.

Special needs: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

FUNDING INFORMATION: SSSC Office will fill in this section.

Bursary Funded _____ Band Funded _____ If Band Funded, please complete all Band info.
Funding Agent: _____ Contact Name: _____
Mailing Address: _____
Town: _____ Prov. _____ P.C. _____
Phone Number: _____ Fax No. _____