



ARCHDIOCESE OF LOUISVILLE
CHRISTIAN LEADERSHIP INSTITUTE
Application

CLI incorporates experiential workshops, planning practicums, team building, and prayer to teach and cultivate skills that foster servant leadership in a Christian context. Concepts and skills include key components of leadership, such as Communication, Planning, Decision-Making, Conflict Resolution, Team-Building, Service, and Prayer.

Please type or print.

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **E-MAIL ADDRESS** _____

BIRTHDATE _____

PARISH _____

SCHOOL _____

GRADE COMPLETED (as of June of this year) _____

Please Check: MALE _____ **FEMALE** _____ **T-Shirt Size (please circle) S M L XL XXL**

1. Describe your leadership experiences/responsibilities and/or those you expect to have in the future.

2. I am interested in participating in the Christian Leadership Institute (CLI) because:

3. I hope to use what I learn at CLI for/to/by/with...

All CLI participants are expected to participate fully from Monday, July 8– Friday, July 12 without leaving for sports practices, games, appointments or physicals, rehearsals, family activities etc. Exceptions will only be made in emergency situations, which should be discussed with CLI staff in advance (when possible).

Sign below to indicate

- (1) That you have read the above statement and are able to comply.
- (2) That you have chosen to participate at CLI without being forced by parents, teachers or others
- (3) You understand that CLI is a leadership training experience and intend to fully participate in all activities to the best of your ability.

Applicant Signature: _____

PARENT ENDORSEMENT (*Permission/release forms will be sent after applicant is accepted to CLI*)

I want my son/daughter to participate in CLI and I will support him/her as a leader in our parish and/or his/her school. I do understand that full participation in the program, July 8-12, is required.

Signature of Parent or Guardian _____

LOCAL PARISH/SCHOOL ENDORSEMENT (*Youth minister, Pastor, Campus Minister, Teacher, Coach etc*)

NAME _____ TITLE _____

How I know this applicant: _____

I recommend this person as a participant in CLI and I will facilitate their involvement in the parish/school.

Signature _____

REFERENCES: Applicants must obtain two (2) character references using the *CLI Reference Form*.

FEES: Tuition, room and board for the five-day Institute includes a \$50 non-refundable registration deposit **per participant. Application, references, and deposit must all be received by:**

- March 1-May 31:** \$300 Registration Fee
 - June 1-June 28:** \$325 Late Registration Fee
- Registrations will not be accepted after July 1.

PAYMENT IN FULL IS DUE BY June 28, 2019. All checks payable to *Archdiocese of Louisville*. **Submit the application, release /waiver form, health/medical form, reference forms (2), and \$50 non-refundable deposit to:**

Office of Youth and Young Adult Ministry, Attn: CLI
1200 S. Shelby St., Louisville, KY 40203

*Forms may be emailed to Vivian Cornell, vcornell@archlou.org, with “CLI” in the subject line.

Please note:

- Release forms, Health/Medical information forms must be returned with this application.
- A letter of acceptance and packing checklist will be forwarded upon acceptance into the program.
- **CLI is held at the Archdiocesan Flaget Retreat Center, 1935 Lewiston Drive, Louisville, KY 40216**
- For more information, contact Laura Zoeller, Associate Director of Youth and Young Adults, Archdiocese of Louisville, (502) 636-0296 or lzoeller@archlou.org