



Quigley Scholars Program
at SAINT JOSEPH COLLEGE SEMINARY
1120 West Loyola Avenue
Chicago, Illinois 60626-6198

(773) 973-9700
www.quigleyscholars.org

The Quigley Scholars Program Parent Agreement Form

Applicant's Name: _____

Parent's Name: _____

I agree to support my son during his time in the Quigley Scholars Program and understand all the requirements involved. I believe he is open to learning more about the priesthood and faith, and will joyfully participate in the formation program.

Scholarship

If my son is being considered for a scholarship, and is awarded one, I understand that to receive the full amount of the scholarship each year it is awarded, my son needs to be present for each session, with the exception of one absence that can be taken for any reason. (Subsequent absences will result in a deduction of \$312.50 per session missed.)

Parent Meeting

I agree to attend one parent meeting during the course of each program year my son is involved in the program, regardless if my son is awarded a scholarship. But if he is awarded a scholarship, and I do not attend one of the meetings, it could jeopardize the scholarship opportunity.

Photography and Video

During the course of the program year, photographs and/or video may be taken during the sessions to be used in materials and on-line in order to promote the Quigley Scholar Program to others. I realize the photographs are owned by the Quigley Scholars Program and that they may be used at any point, with or without names, for any lawful purpose, including, for example, publicity, illustration, advertising and/or on-line content. If I do not want my son to appear in these kinds of opportunities, please indicate so by checking this box:

Parent's Name (Printed or Typed)

Parent's Signature

Date

Please mail this form to: Quigley Scholars Program at Saint Joseph College Seminary, 1120 West Loyola Avenue, Chicago, Illinois 60626



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The Quigley Scholars Program

Priest Sponsor Form

Applicant's Name: _____

Priest Sponsor: _____

Parish: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

E-Mail: _____

How long have you known the applicant and/or his family? _____

Is this student and his family members of your parish? Yes
 No

I agree to be the Priest Sponsor for the student named above. I agree to meet with the student once a month to talk about his spiritual life, his involvement in his parish, and in other spiritual/service-oriented activities.

I agree to encourage this young man to seriously consider God's call to the priesthood. I agree to assist him in any way I can to help him participate in spiritual formation and I will pray for him.

Priest Sponsor's Signature

Date

Please mail this form to:

Rev. Mark Augustine
Quigley Scholars Program at Saint Joseph College Seminary
1120 West Loyola Avenue
Chicago, Illinois 60626-6198

Or email it to: fr.augustine@cometojoseph.org



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The Quigley Scholars Program Pastor or Priest Recommendation Form

Applicant's Name: _____

Recommending Priest's Name: _____

Parish: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

E-Mail: _____

How long have you known the applicant and/or his family? _____

Is this student and his family members of your parish? Yes
 No

Please write a letter of recommendation (typed) and attach it to this form and mail it to the address listed below.

Please include things such as: the student's personality traits and/or character, the student's openness to serve and help others, the student's spirituality, the student's interest in the priesthood, the student's participation at your parish, family involvement and support, the student's ability to participate in a spiritual formation program, etc.

I **recommend**, **highly recommend**, the student/applicant named above as a participant in the Quigley Scholars Program. I know he has interest in the priesthood and he will joyfully participate in the spiritual formation program.

Recommending Priest's Signature

Date

Please mail this form to:

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Quigley Scholars Program at Saint Joseph College Seminary
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The Quigley Scholars Program Family Recommendation Form

Applicant's Name: _____

Your Name: _____

Relationship: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

E-Mail: _____

How long have you known the applicant? _____

Please write a letter of recommendation (typed if possible) and attach it to this form. Please mail to the address listed below.

Please include things such as: the student's personality traits and/or character, the student's openness to serve and help others, the student's spirituality, the student's interest in the priesthood, the student's participation at your parish, the way the applicant helps your family, the applicant's ability to participate in a spiritual formation program, etc.

I **recommend**, **highly recommend**, the applicant named above as a participant in the Quigley Scholars Program. I know he has interest in the priesthood and he will joyfully participate in the spiritual formation program.

Recommending Person's Signature

Date

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The Quigley Scholars Program School Recommendation Form

Applicant's Name: _____

Your Name: _____

Your Position/ Title: _____

School Name: _____

School Address: _____

City/State/Zip Code: _____

Phone Number: _____

E-Mail: _____

How long have you known the student applicant? _____

Please write a letter of recommendation (typed if possible) and attach it to this form. Please mail to the address listed below.

Please include things such as: the student's personality traits and/or character, the student's openness to serve and help others, the student's spirituality, the student's interest in the priesthood, the student's participation at your parish, family involvement and support, the applicant's ability to participate in a spiritual formation program, etc.

I **recommend**, **highly recommend**, the applicant named above as a participant in the Quigley Scholars Program. I know he has interest in the priesthood and he will joyfully participate in the spiritual formation program.

Signature

Date

Please mail this form to:

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The Quigley Scholars Program

Transportation Form: Saint Joseph College Seminary Site Only

(Not available for the Mundelein Seminary program site.)

Applicant's Name: _____
 Address: _____
 City/State/Zip Code: _____
 Phone Number: _____
 E-Mail: _____

We are hoping that many students will be able to take public transportation or make other arrangements to come to Saint Joseph College Seminary after their day ends at high school. We will let them in whenever they arrive. If a student arrives early, he may attend to his homework. Saint Joseph College Seminary is located about a block east of the Red Line Loyola Stop.

For students who do not have access to public transportation or live in a distant suburb, we will do our best to provide transportation to Saint Joseph, at times with the help of the college seminarians. Saint Joseph has three vans for pick up and rents a bus from St. Columbanus parish when it's available. The drivers will follow proper protocol: the seminarian or priest must sit in the front seat while the Quigley Scholars will sit in the back seat, all wearing seat belts. In all cases, it is required that the parents of the Quigley Scholars pick up students at 8:00 p.m., unless the students will make their own way home via public transportation.

Please check those that apply so we may be aware of your situation:

- My son can and will take public transportation to and from Saint Joseph College Seminary on the dates of the meetings.
- My son will be transported by a family member to and from Saint Joseph.
- My son has need for a ride and has my permission to be picked up by a Saint Joseph van or transported by the St. Columbanus parish bus from his high school to Saint Joseph College Seminary. I understand that he will need to find his own transportation home after the session concludes. I also understand that a ride is not guaranteed, but based on availability. (We contact you if we are unable to provide transportation.)
- My son will be picked up after the sessions by a family member.
- My son will make his own way home via public transportation.

For those being transported to the program by a Saint Joseph vehicle, by signing this form I agree to hold harmless Saint Joseph College Seminary and the Archdiocese of Chicago from any and all liability arising from claims of any kind or nature related to the transportation of my child to the program.

Parent's Name (Printed or Typed)

Parent's Signature

Date

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