



## MercyworX Institute Application

Applications will be accepted through May 12, 2017, and may be mailed to the address above or emailed to rzygmund@georgian.edu. Please include an unofficial transcript and at least one recommendation with your application submission.

### Applicant Information

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Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Parish or Church: \_\_\_\_\_

Parish or Church Address: \_\_\_\_\_  
Street City State Zip

### Parent/Legal Guardian Information

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Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



2. Briefly describe any religious education in which you may have participated. \_\_\_\_\_

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3. Briefly describe any leadership experiences. \_\_\_\_\_

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4. How would you describe the role that your faith currently plays in your daily life? \_\_\_\_\_

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**Signatures**

I certify that the above information is complete and correct. I further understand that falsification or failure to supply the correct information may lead to the disqualification of my application for admission to MercyworX. I also agree to accept full responsibility for all debts incurred.

I give permission to release my academic information to Georgian Court University and understand that all records once submitted become the property of the Center for FaithJustice and Georgian Court University.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MercyworX is presented by Georgian Court University and the Center for FaithJustice.**