

FELLOWSHIP OF ST. BENEDICT



Inquirer's Application to be enrolled as a Novice

Name of Applicant: _____

Parish Church: _____

It is my desire, in the grace and power of the Holy Spirit, to pursue a life of service and prayer in accordance with the teaching and practice of St. Benedict, and in accordance with the discipline of the Rule of St. Benedict. I request that I may test this calling and be enrolled in the Fellowship of St. Benedict as a Novice.

Signature of the Applicant: _____

As the Rector of _____ Parish, I approve this applicant's pursuit of affiliation with the Fellowship of Saint Benedict and pledge the support of this parish.

Signature of the Parish Rector: _____

Date: _____

Contact Information:

Mailing Address: _____
Street City State Zip

Telephone Number: _____
Home Cell Work

Email Address(es): _____