

Diocese of Southeast Florida
SABBATICAL FUND PROGRAM
2008 APPLICATION FORM

TO: Cris Valdes
Chief Operating Officer

We desire to participate in the Diocesan Sabbatical Fund program, beginning in January 2008.

We each agree to contribute **\$30.00** per month (a total of **\$360.00** each per year) over the next six years to our Sabbatical Fund account, beginning

month/year

We understand that at the end of the six year period the Diocese will make a one-time contribution of **\$900.00** to our account. At that time these funds are to be divided equally between the parish and the clergyperson, to enable the clergyperson to take a three to six-month sabbatical leave.

We understand that we may withdraw from this program before the end of the six-year period by written request to Cris Valdes, 525 NE 15th Street, Miami, Florida 33132 (Telephone: 305-373-0881 or 800-268-9993). At this time the funds contributed will be returned to each party.

Clergy Person

Senior Warden

Parish (name and location)

Date

APPLICATION IS TO BE MAILED TO:

Cris Valdes
Chief Operating Officer
525 NE 15th Street
Miami, Florida 33132