**FORMING EFFECTIVE DISCIPLES**

***INTENT TO BEGIN ELEVATED LEVEL***

Full Name: **Click here to enter text.**

Home Address: **Click here to enter text.**

City/State/Zip: **Click here to enter text.**

Daytime Phone: **Click here to enter text.** Email Address: **Click here to enter text.**

Reason for beginning Elevated Level:

I am a catechetical leader.

Month & year you began this position: **Click here to enter text.**

Month & year you earned Foundational Level: **Click here to enter text.**

I am a school catechist.

Month & year you began this position: **Click here to enter text.**

Month & year you earned Foundational Level: **Click here to enter text.**

For my own faith enrichment.

Month & year you earned Foundational Level: **Click here to enter text.**

Parish where you serve (Name and city): **Click here to enter text.**

Is this your home parish? 

If no, please list name and city of home parish: Click here to enter text.

*I understand the requirements of the Forming Effective Disciples Elevated Level. I further understand that I have five (5) years to complete the requirements of Elevated Level.*

*Applicant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please complete and mail this form prior to beginning the requirements of the Elevated Level.**

**Mail completed form to:**

**Kathy Drinkwine, Coordinator of Administrative Services, PO Box 969, Superior, WI 54880.**