



DIOCESE OF  
FORT WAYNE-SOUTH BEND  
YOUTH AND YOUNG ADULT MINISTRY

## College Student Leadership Application Form

Student Name: \_\_\_\_\_ Graduation Year: 20\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's  
Collegiate  
Address: \_\_\_\_\_ College Zip: \_\_\_\_\_

College Name: \_\_\_\_\_ Major: \_\_\_\_\_

Favorite Saint: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions:

In your own words, describe your relationship with God.

What is needed to better support Catholic campus ministry at your college or university?

Why do you want to be on the College Student Leadership?

What special gifts and talents do you have that you could share with your peers?