



CONFIDENTIAL



**CONTINUING MINISTRY FORMATION PROGRAM
2026-2027 FINANCIAL SUPPORT FORM**

CMFP Student (First Name) _____ (Last Name) _____
wishes to enroll in the “Ministerial Leadership Formation” track of the Continuing Ministry Formation Program. The program track for Ministerial Leadership Formation is for those who are in ministry leadership or desire to be in ministry leadership. Graduation from the Ministerial Leadership Formation track is a requirement for those who are discerning entering diaconate formation and for those to be called to Lay Ecclesial Ministry.

If the student will have any financial support from the parish or recognized Catholic organization, a statement of financial support from the Pastor or the leader of a recognized Catholic organization is required each year. For the 2026-2027 academic/formation year, the parish is encouraged to contribute \$500 toward the total cost of tuition for each person enrolled in the Ministerial Leadership Formation track. The total cost of tuition for 2026-2027 will be \$1,000 per student, not including books and materials.

A second formation track is available for those who seek formation for personal faith enrichment only. This track does not include a financial commitment from the parish, Pastor or leader of a recognized Catholic organization. The total cost of this Adult Faith Enrichment track is \$500 per year and is paid by the student.

Please initial below where appropriate.

_____ I wish for the above-named person to be enrolled in the Ministerial Leadership Formation track and agree to pay the annual \$500 parish counterpart of the program tuition.

_____ I wish for the above-named person to be enrolled in the Ministerial Leadership Formation track and agree to pay the annual \$1,000 which includes the student’s tuition and parish counterpart.

_____ I wish for the above-named person to be enrolled in the Ministerial Leadership Formation track and agree to pay \$_____ towards the parish counterpart and/or towards the student’s tuition

_____ I will not provide any financial support for this student.

Please sign and date where indicated. Also, please return this form no later than September 30, 2026.

Name (please print)	Parish/Organization:
Signature	Date:

Please return this form to:
Ministry Formation Institute - CMFP Program Director
Diocese of San Bernardino
1201 E. Highland Ave.
San Bernardino CA 92404
Fax: (909)474-4920 | cmfp@sbdioocese.org