



**Spring Sabbatical  
March 16 – May 4, 2025**

## Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Religious Congregation \_\_\_\_\_

Contact Person in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Since we have no medical personnel on site, please indicate any medical condition or physical limitation of which we should be aware

\_\_\_\_\_  
\_\_\_\_\_

**Please use separate paper if needed to respond fully to the following questions:**

+Please describe your current occupation/ministry.

+Please describe specific areas of interest/passion (hobbies, gardening, music, art, etc).

+What desires and needs are drawing you to sabbatical at this time in your life? (focus for this sabbatical)

+What program offerings would you be interested in if available during the Sabbatical e.g. grief, yoga, art, etc.

+Write a brief account of significant life experiences which would be helpful for us to know.

Please include three personal references which should:

1. Attest to your ability to enter a self-directed program.
2. Explain how you would benefit from plentiful solitude as well as community experiences.

*\* One reference should be from a Congregational leader.*

Please return your application and a \$300 non-refundable deposit to hold a place in the program, which will be applied to the total cost (\$9000) of the Sabbatical, by **November 30, 2024**. The balance of the Sabbatical cost is due 30 days before the start of the Sabbatical program. A cancellation made within 30 days of the start of the Sabbatical program will result in a 50% refund of the payment made, minus the deposit. No refund can be given for a late arrival or early departure from the sabbatical. A full refund would be given in the unlikely event that MBTS would need to cancel the program. Any payments made cannot be held by MBTS as “credit on account” toward a future date.

Mail the application and a check for deposit to:

Eileen Dooling, RSM  
c/o Mercy by the Sea  
167 Neck Road  
Madison, CT 06443  
edooling@sistersofmercy.org

*We will be in touch with you soon after your application is received. Thank you!*



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