



## Council of Major Superiors of Women Religious

P. O. Box 4467 | Washington, DC 20017-0467  
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Email: [executivedirector@cmswr.org](mailto:executivedirector@cmswr.org)

### APPLICATION FOR 2020 SUMMER PROGRAM (June 23 – July 14, 2020) CMSWR HOUSE OF STUDIES IN ROME

#### PERSONAL INFORMATION

Full Religious Name: \_\_\_\_\_

Full Legal Name on Passport: \_\_\_\_\_

First

Middle

Last

Passport number: \_\_\_\_\_ Passport expiration date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of Final Profession: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Community: \_\_\_\_\_

Major Superior: \_\_\_\_\_

Motherhouse/Provincial House Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Your residence**, i.e. Convent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred way of contacting you: \_\_\_\_\_

Name: \_\_\_\_\_

**HEALTH INFORMATION**

Please note any special health needs, e.g. allergies, special diet, asthma, etc.

Medical Insurance information and number (*if valid in Europe*): \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** We presume you wish us to contact your major superior in the United States in case of emergency unless you indicate otherwise:

**Fill in the form (typed), save it with a new name on your computer and**

**PLEASE RETURN THE FORM AS AN ATTACHMENT TO:** [jpoudrier@cmswr.org](mailto:jpoudrier@cmswr.org)

*or mail to:*

CMSWR

P.O. Box 4467

Washington, DC 20017

A check (\$2,500 per person) can be made payable to *Council of Major Superiors of Women Religious or CMSWR* with notation of the name/s of the sister participating, after her superior receives confirmation that there is a place for the sister.

Please mail checks to: CMSWR National Office, P.O. Box 4467, Washington, DC 20017