



*I commit to this two-year program, meeting 3 times a year.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this application, along with two letters of support from your pastor, a colleague in ministry or your spiritual director to:

**Sophia Program  
Sisters of the Order of Saint Benedict  
104 Chapel Lane  
Saint Joseph, MN 56374  
Attention: Mary Catherine Holicky, OSB**