

SUMMER INSTITUTE OF CATHOLIC SOCIAL THOUGHT

Sponsoring Institution Application

NOTE: This form is for the use of sponsoring institutions only. If you are enrolling as an individual, even if sponsored by an institution, please use the Individual Membership Application.

Institution Name _____

Designated Institutional Representative/Contact Person: Name _____

Office or Title _____ Phone _____ Email _____

Mailing Address _____

Our two nominees for participation in the 2010 Summer Institute are (if not yet designated, leave blank):

1) Name _____ Title _____ Department/Unit _____

Campus Address _____ Phone _____ Email _____

2) Name _____ Title _____ Department/Unit _____

Campus Address _____ Phone _____ Email _____

Enclosed is our sponsorship payment (\$1,000 less any prior deposit).

Signature (Representative) _____ Date _____

Signature (Chief Academic Officer or Designate) _____ Date _____

Please make your check payable to The Society of Catholic Social Scientists, and return by April 15 to Summer Institute of Catholic Social Thought, Aquinas Hall 116C, Catholic University of America, Washington, DC 20064