



MERCY BY THE SEA
RETREAT AND CONFERENCE CENTER

Spring Sabbatical

MARCH 17 - MAY 5, 2024

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 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 his time in your life? (focus for this sabbatical)

+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.

Please return your application and \$300 deposit by October 30, 2023.

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!



A sponsored ministry of the Sisters of Mercy

