



## Saint Vincent Seminary

300 Fraser Purchase Road • Latrobe, Pennsylvania 15650-2690  
724-805-2395 • Fax: 724-805-2880  
www.saintvincentseminary.edu • patrick.cronauer@stvincent.edu

### Admission Checklist—Non-Ordination Programs

The following is a list of documents/requirements needed before an applicant can be referred to the Admissions Committee. Please keep this list and note when various documents have been sent to the Seminary. Only after all documents have been received and all requirements met, will a student be considered by the Admissions Committee.

**Name** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

- \_\_\_\_\_ Admission Application
- \_\_\_\_\_ Proof of Medical Insurance
- \_\_\_\_\_ TOEFL score (for those for whom English is a second language)
- \_\_\_\_\_ Admission Fee (\$34.00)
- \_\_\_\_\_ Copies of Passport Information Page, 1-20, and Letter of Financial Support from sponsor (*for non-U.S. citizens*)
- \_\_\_\_\_ Completed Health Form (*for any student residing on campus*)

#### **Academic Records:**

- \_\_\_\_\_ Official Transcripts from all College, University, or post-secondary school (*Official copies of transcripts sent by the College/University directly to the Academic Dean*)

#### **Clearances:**

- \_\_\_\_\_ Pennsylvania State Police Clearance: (Required since 2002 for Pennsylvanians ministering in Pennsylvania; since December 2014, required for anyone ministering/serving in the Church in Pennsylvania (including all out-of-state seminarians)—every 5 years—This clearance can be obtained at: <http://www.psp.pa.gov/Pages/Request-a-Criminal-History-Record.aspx>. You must use a credit card to obtain the clearances on-line.
- \_\_\_\_\_ Child Abuse History Clearances: (Required since 2002 for Pennsylvanians ministering in Pennsylvania; since December 2014, required for ANYONE ministering/serving in the Church in Pennsylvania (including all seminarians)—every 5 years. Child Abuse History Clearance Online at: <https://www.compass.state.pa.us/CWIS>.
- \_\_\_\_\_ Pennsylvania's FBI Record Check and Fingerprints: (Required since December 2014 for ALL Seminarians studying in Pennsylvania)—every 5 years—go to: [www.pa.cogentid.com//index\\_dpw.htm](http://www.pa.cogentid.com//index_dpw.htm).

#### **For Applicants Who Were Previously Enrolled In A Priestly Or Religious Formation Program:**

- \_\_\_\_\_ Letters of Recommendation from your Former Rectors and Superiors

#### **For All Applicants:**

- \_\_\_\_\_ Two (2) Letters of Recommendation (preferably from previous college professors and/or employers).
- \_\_\_\_\_ A Personal Interview with the Academic Dean.

**NOTE: All documents MUST be sent to the ACADEMIC DEAN.**

Effective: June 2017



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## Application for Admission—Non-Ordination Program

(Please Print or Type the Following Information)

Legal/Civil Name \_\_\_\_\_  
(First) (Middle) (Last)

Religious Name \_\_\_\_\_  
(if different from legal name)

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Party responsible for expenses related to tuition, room and board \_\_\_\_\_

Please check all that apply. I wish to apply for the:

- Master of Divinity Degree Program/ Non-Ordination
- Master of Arts Degree Program
  - Sacred Scripture
  - Systematic Theology
  - Catholic Philosophical Studies
- Monastic Studies
- Ecclesial Ministry

I wish to take courses on a:

- Non-degree basis
- Continuing education basis
- Monastic Postulant basis

I am a:  U.S. Citizen  Permanent Resident

My country of citizenship is \_\_\_\_\_ Visa Status \_\_\_\_\_

The information requested below is to comply with the U.S. Department of Education reporting procedures. Strictly voluntary, it will in no way effect consideration of your application. It will be used only for government required statistical data collection.

Please indicate Ethnic Background:

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Race and ethnicity unknown
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American (not Hispanic)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Two or more races

Marital Status \_\_\_\_\_ Religious Preference \_\_\_\_\_

Please enclose a check for \$34 to cover application fee. M.A. candidates must supply 3 letters of recommendation. Those studying for the Permanent Diaconate must submit a letter of sponsorship from their diocese. All applications should be returned to the Academic Dean at the address on the top of this form.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**Saint Vincent Seminary does not discriminate on the basis of sex, age, race, religion or creed.**

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# Student Information and Publicity Record

Date \_\_\_\_\_

Legal/Civil Name \_\_\_\_\_  
(First) (Middle) (Last)

Religious Name \_\_\_\_\_  
*(if different from legal name)*

Current residence \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_  
*(Please indicate if deceased)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Mother's Name \_\_\_\_\_  
*(Please indicate if deceased)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Hometown/Diocesan/Abbey Newspapers	City of Publication
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note:** This form will be used to supply information to your hometown, abbey or diocesan paper on your activities at Saint Vincent Seminary. Examples of publicity include scholarship announcements, Ministry of Acolyte and Ministry of Lector installations, graduation and announcements of new and returning students at the start of the school year. If you have any questions about student publicity, please contact the Seminary Public Relations Office at 724-805-2601.

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# Educational Information

High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Dates attended \_\_\_\_\_ Date of graduation \_\_\_\_\_

College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Dates attended \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Graduate School \_\_\_\_\_

Dates attended \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree \_\_\_\_\_ Grade Point Average \_\_\_\_\_

(Please attach information regarding all colleges and graduate schools attended.  
If there is not enough room on this form you may use an additional sheet.)

***Please have official copies of transcripts forwarded directly to Saint Vincent Seminary, c/o Academic Dean.  
We cannot accept photocopies or transcripts issued to students.***

Have you ever been dismissed or suspended from any school or college? Please give the reason.

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Have you ever applied to Saint Vincent College or Seminary before? \_\_\_\_\_ Year \_\_\_\_\_

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**Please explain why you would like to apply for graduate studies in theology at Saint Vincent Seminary and what you plan to do with this degree in the future.**

*(You may attach a typed response to this application.)*

Ruled area for writing the response.



# Saint Vincent Seminary's

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) STUDENT RELEASE FORM

Student Last Name:

First Name:

Student ID Number:

### STUDENT AUTHORIZATION FOR DISCLOSURE

FERPA is a conditional funding law that prohibits federal education funding to educational agencies or institutions unless certain policies involving inspection, review, access, and protection of student education records are in place. By completing this authorization, you are permitting release/discussion of education records to third parties that may otherwise not have access to those records. Before completing this authorization, be sure to read the FERPA notice provided in the Saint Vincent Seminary *Bulletin* and on the Portal.

I hereby authorize the release of my education records and permit Saint Vincent Seminary to discuss and/or disclose all of my education records (which generally include any record kept by Saint Vincent directly related to you, e.g., transcripts, student conduct records, formation and evaluation reports and records, etc.) to the following authorized persons and/or classes of persons. (*Classes of persons include any individuals or groups of people you wish to have access to your education records*):

Name of Authorized Person/Class of Persons: <b>Most Rev.</b> _____
Relationship to Student: <b>Bishop of the Diocese of:</b> _____, <b>Sponsor</b>
The purpose of the release is for progress reporting, assistance, advice, vocational discernment, or any other purpose for which the diocesan officials might require.

Name of Authorized Person/Class of Persons: <b>Rev.</b> _____
Relationship to Student: <b>Vocation Director/Promoter of the Diocese of:</b> _____
The purpose of the release is for progress reporting, assistance, advice, vocational discernment, or any other purpose for which the diocesan officials might require.

Name of Authorized Person/Class of Persons: <b>Rt. Rev.</b> _____
Relationship to Student: <b>Religious Superior and Sponsor:</b> _____
The purpose of the release is for progress reporting, assistance, advice, vocational discernment, or any other purpose for which the Religious officials might require.

Name of Authorized Person/Class of Persons: _____
Relationship to Student: _____
The purpose of the release is for: _____

If you do not wish to authorize release/discussion of your education records beyond what is permitted by FERPA, please write "**NO AUTHORIZATION**" here: \_\_\_\_\_

This authorization will remain in effect as long as you are a student at Saint Vincent College/Seminary/Archabbey or until you revoke this authorization in writing and deliver this revocation to the Academic Dean of the Seminary and to the Registrar.

If you wish to revoke a previous authorization, please write "**I HEREBY REVOKE MY PREVIOUS AUTHORIZATION FOR DISCLOSURE OF MY EDUCATION RECORDS**" here: \_\_\_\_\_

By signing this, you affirm that you have carefully read the foregoing authorization, the FERPA notice in the materials provided, and fully understand the meaning of each. This signed document will be kept in your official file in the Academic Dean's Office and a copy will be forwarded to the Registrar's Office.

**SIGNATURE:**

**DATE:**



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## Tuition and Fees

*(as approved by the Seminary Board of Regents)*

### 2017-2018

Tuition Full-Time Students (12-19 credits, per semester) Flat Rate: \$13,818  
Tuition Part-Time Students (per credit under 12 credits) \$918  
Room (per semester) \$3,437  
Board (per semester) \$3,328

## Other Fees

Audit Fee (per credit) \$459  
One-Time Non-Refundable Admission Fee \$34  
S.T.B. Application Fee \$200  
Transcript of Credits \$5  
Fee for Finalizing "G" Grades \$35  
Parking and Vehicle Registration \$90

*(as required by Sant' Anselmo)*

S.T.B. Thesis Submission Fee \$800

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