



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 – Ordination Program

The following is a list of documents/requirements which are required 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 _____

- _____ Letter of sponsorship
- _____ Admission Application
- _____ Pre-Entrance Health Forms (*Not used in Admissions Decisions*)
- _____ Proof of Medical Insurance
- _____ Psychological Profile; we request : MMPI-2; Spiritual Well-Being; SASSI—Substance Abuse Subtle Screening Inventory; Rotter Incomplete Sentence Blank; Beck Depression Inventory II; Beck Hopelessness Scale; Wechsler Adult Intelligence Scale Third or Fourth Edition; some form of Sexual Interest Inventory; Clinical and Developmental History.
- _____ TOEFL score (*for those for whom English is a second language*)
- _____ Admission Fee (\$34.00)

Sacramental Documentation:

- _____ Parents' Marriage Certificate
- _____ Baptismal Certificate
- _____ Confirmation Certificate
- _____ Certificate/Letter of Record of entrance into full communion (RCIA)

Academic Records:

- _____ Official Transcripts (Official copies of transcripts sent by the College/University directly to the Academic Dean)

Required Clearances:

- _____ ***Virtus or Protecting God's Children*** or its equivalent (Required by USCCB since 2002)—once (certificate required) — may be done in your diocese.
- _____ ***Pennsylvania State Police Clearance:*** Required since December 2014 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:*** 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.
- _____ ***Act 31: Mandated Reporting Training*** (a two-three hour program) — required since December 2014 for ALL Seminarians studying in Pennsylvania — (*the Certificate of Completion must be submitted for your file*) — every 5 years—accessed at: https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=_2_1.

For Applicants Who Were Previously Enrolled in a Formation Program:

- _____ Letters of Recommendation from Former Rectors or Superiors

For All Applicants:

- _____ Personal Interview

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



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Application for Admission 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. Pre-Theology Program MA (Catholic Philosophical Studies) [Pre-Theo]
I wish to apply for the: Master of Divinity Degree/Ordination Program
 Non-Degree Ordination Program

*** Qualified ordination students may apply for the dual-degree MDiv- M.A. or S.T.B. programs in their second semester of studies at the Seminary.*

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 Hispanic/Latino Race and ethnicity unknown
Ethnic Background: American Indian or Alaska Native Asian
 Black/African American (not Hispanic) Native Hawaiian or Other Pacific Islander
 White (not Hispanic) Two or more races

Marital Status _____ Religious Affiliation _____

Please enclose a check for \$34 to cover application fee. Please attach a recent photo of yourself. 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.

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.

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

Employment Information

Please specify below your previous employment history.

Position

Employer

Location

Dates of employment

Have you ever served in the Armed Forces? Yes _____ No _____

Branch of Service _____

Dates of Service _____

Type of Discharge _____

Rank _____

Are you presently serving in the reserves? _____

Please list any other pertinent employment, training or educational information.

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 _____

ORDINATION STUDENTS ONLY: Ministries /Orders received

	Date	Where	Installing Ordinary or Major Superior
Reader	_____	_____	_____
Acolyte	_____	_____	_____
Candidacy	_____	_____	_____
Diaconate	_____	_____	_____

Sponsoring Diocese/Abbey _____

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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Ordination Candidates Emergency Medical Information

Name _____ Social Security No. _____ - _____ - _____

Home Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Insurance Carrier _____ Policy No. _____
(Please attach proof of insurance)

Names, Addresses and Telephone Numbers of Persons to be Contacted in Case of Emergency:

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone (Day) _____ (Evening) _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone (Day) _____ (Evening) _____

Dietary restrictions: _____

I have severe allergic reactions to: (e.g. nuts, dairy products, insect bites, etc.) _____

I take the following medications regularly: _____

I am allergic to the following medications: _____

I have the following medical condition(s): _____

Do you have any chronic condition of which we should be alerted, or which might precipitate an emergency of which we should be informed?

(Student Signature) _____ (Date)

At what age did you first consider a priestly vocation: _____

Are you entering the seminary for the first time? _____

If no, at what age did you initially enter the seminary? _____

Total number of years you were in the seminary? _____

List the names and locations of any previous seminaries, and the reasons for your departure. Please ask officials of these seminaries to provide documentation of your time there directly to the Academic Dean.

Have you ever been affiliated with a Religious Order, Institute or Diocese? If yes, please list the name, location and your reasons for departure. Please ask officials of this Order, Institute or Diocese to provide documentation of your time there directly to the Academic Dean.

Have you ever bound yourself by oaths, vows or promises in a religious organization? If yes, please specify whether these were temporary or perpetual, if they have expired or been dispensed. Please provide documentation of these vows directly to the Academic Dean.

Have you ever been married? If yes, please specify your present marital status. If the marriage is annulled, please give the date and Tribunal of annulment, and provide documentation of the annulment directly to the Academic Dean.

Family Information

(Please print or type the following information)

Father's name _____
(First) (Middle) (Last)

Date of birth _____ Place of birth _____

Father's address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone _____ Father's religious denomination _____

Education (highest grade completed) _____

Occupation _____

Employer _____

Mother's name _____
(First) (Middle) (Last)

Date of birth _____ Place of birth _____

Mother's address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone _____ Mother's religious denomination _____

Education (highest grade completed) _____

Occupation _____

Employer _____

Date of parents' marriage _____ Place _____

Does either parent belong to any Oriental Rite of the Church? _____ If yes, which parent, which rite? _____

What is your parents' present marital status? _____

Please list the name and ages of your brothers and sisters. _____

Do you have any relatives in the priesthood or religious life? If yes, please name. _____

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: Most Rev. _____
Relationship to Student: Bishop of the Diocese of: _____, Sponsor
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: Rev. _____
Relationship to Student: Vocation Director/Promoter of the Diocese of: _____
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: Rt. Rev. _____
Relationship to Student: Religious Superior and Sponsor: _____
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
