

Saint Vincent Seminary 300 Fraser Purchase Road • Latrobe, Pennsylvania 15650-2690 724-805-2395 • Fax: 724-805-2880 www.saintvincentseminary.edu • e-mail: 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 Admis-

sions 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. PLEASE SEND ALL DOCUMENTS BY JUNE 30TH.

Name	
Sponsor	
Letter of sponsorship	
Admission Application (Not used in Admission Decisions)	
Pre-Entrance Health Form (Not used in Admission Decisions)	
Proof of Medical Insurance	
A RECENT Psychological Profile (NO OLDER THAN TWO YEARS FROM THE DATE OF Please include: MMPI-2; Spiritual Well-Being; SASSI—Substance Abuse Subtle Screening Inventory; Rotter Incomplete Sentence Blank; Beck Depression Inven Hopelessness Scale; Wechsler Adult Intelligence Scale Third or Fourth Edition; C History; Sexual Interest Inventory; Hypersexual Behavior Inventory – 19 (HBI-19 Test (ISST); Sexual Misconduct Questionnaire; and the Narcissistic Personality In Official TOEFL score (for those for whom English is a second language) A Non-refundable Admission Fee of \$45.00	tory II; Beck Clinical and Developmental); Internet Sex Screening
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 direction)	ectly to the Academic Dean)
Required Clearances: Virtus or Protecting God's Children or its equivalent (Required by USCCB since 2002) may be done in your diocese. Pennsylvania State Police Clearance: (Required since 2002 for Pennsylvanians missince December 2014, required for anyone ministering/serving in the Church in out-of-state seminarians)—every 5 years—This clearance can be obtained at: <a "="" href="http://https://https.com/https://https.com/https://https.com/https://https.com/https://https.com/https://https://https.com/https://https.com/https://https.com/https://https.com/https://https://https://https.com/https://</td><td>nistering in Pennsylvania;
Pennsylvania (including all://www.psp.pa.gov/Pages/
e clearances on-line.
tering/serving in the Church</td></tr><tr><td>http://www.compass.state.pa.us/cwis/public/home.</td><td>Olcarance Online at.</td></tr><tr><td> FBI Record Check and Fingerprints: (Required since December 2014 for ALL Semi</td><td>narians</td></tr><tr><td>studying in Pennsylvania)—every 5 years —go to: https://www.identogo.com/ .	
Act 31: Mandated Reporting Training (a two-three hour program)—Required since I Seminarians studying in Pennsylvania—(the Certificate of Completion must be su 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	Effective July 2020



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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	ı
Home Address			
City	State _	Zip/Postal Code	Country
Home Telephone _		Cell Phone	
Social Security Nun	nber	Email	
Party responsible fo	or expenses related	to tuition, room and board	
Please check all that apply. wish to apply for the: Master of Divinity Degree/Ordination Program Master of Arts Catholic Philosophical Studies [Pre-Theology] Non-Degree Ordination Program			•
		for the M.A. degree in their second see after their second semester.	emester of studies at the Seminary,
I am a: ☐ U.S. Citize	n 🛮 Perma	nent Resident	
My country of citize	nship is	Visa Sta	atus
The information requested	d below is to comply with t	he U.S. Department of Education reporting	procedures. Strictly voluntary, it will in no
way effect consideration of	of your application. It will b	e used only for government required statis	tical data collection.
Please indicate	☐ Hispanic/Latino	☐ Race and ef	thnicity unknown
Ethnic Background:	American Indian or	Alaska Native	
	☐ Black/African Ame	rican (not Hispanic)	iian or Other Pacific Islander
	☐ White (not Hispani	C) Two or more	e races
Marital Status		Religious Affiliation	
	ofor \$45 to cover applic nic Dean at the address	•	of yourself. All applications should be
(Stud	dent 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 Aver	age
(F		regarding all colleges and graduate schoon on this form you may use an addition	
•	•	warded directly to Saint Vince ocopies or transcripts issued	nt Seminary, c/o Academic Dean. to students.
Have you ever been disn	nissed or suspende	d from any school or college?	Please give the reason.
			Year

Employment Information

Please specify below Position	Employer	Location	Dates of employment
Have you ever serve	ed in the Armed Forces? Yes	_No	
Branch of Service _			
Dates of Service			
Rank			
Are you presently se	erving in the reserves?		
Please list any other	pertinent employment, training or ed	ucational information	on.

Student Information and Publicity Record

Legal/Civil Name First (Middle) (Last)	Date				
City State Zip/Postal Code Country	Legal/Civil Name _				
Current residence Father's Name Address City State Zip/Postal Code Country Mother's Name Address City State Zip/Postal Code Country Mother's Name Address City State Zip/Postal Code Country Hometown/Diocesan/Abbey Newspapers City of Publication City of Publication ORDINATION STUDENTS ONLY: Ministries /Orders received Date Where Installing Ordinary or Major Superior Reader Acolyte Candidacy Candidacy Candidacy Deacon		(First)	(Middle)		(Last)
Current residence Father's Name Address City State Zip/Postal Code Country Mother's Name Address City State Zip/Postal Code Country Mother's Name 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 Deacon					
Father's Name	·	,			
Address					
State		(Please indicate if deceas	red)	
Mother's Name	Address				
Address	City	State _	Zip/Postal (Code	Country
CityStateZip/Postal CodeCountry Hometown/Diocesan/Abbey Newspapers City of Publication ORDINATION STUDENTS ONLY: Ministries /Orders received Date Where Installing Ordinary or Major Superior Reader	Mother's Name	·····			
ORDINATION STUDENTS ONLY: Ministries /Orders received Date Where Installing Ordinary or Major Superior Reader	Address	(Please indicate if deceas	ed) 	
ORDINATION STUDENTS ONLY: Ministries /Orders received Date Where Installing Ordinary or Major Superior Reader	City	State	Zip/Postal (Code	Country
ORDINATION STUDENTS ONLY: Ministries /Orders received Date Where Installing Ordinary or Major Superior Reader	Hometown/Diocesa	n/Abbey Newspapers	C	City of Publica	tion
Date Where Installing Ordinary or Major Superior Reader Acolyte Candidacy Deacon					
Acolyte Candidacy Deacon	ORDINATION				ng Ordinary or Major Superior
Candidacy Deacon	Reader				
Deacon					
Deacon	Candidacy				

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	Please attach proof of insura	nce) Policy No	
		Persons to be Contacted in C	
1. Name	-		ship
Address			•
		Zip/Postal Code	Country
		(Evening)	
		Relations	
Address			
City	State	_ Zip/Postal Code	Country
Telephone (Day)		(Evening)	
Dietary restrictions:			
I have severe allergic read	tions to: (e.g. nuts, d	lairy products, insect bites, e	tc.)
I take the following medic	ations regularly:		
I am allergic to the followi	ng medications:		
I have the following medic	cal conditions(s):		
Do you have any chronic of emergency of which we sl	condition of which wo	e should be alerted, or which	might precipitate an
(Student Sign	nature)		(Date)

Vocational Information

(Please print or type the following information)

Date of Baptism	Ch	urch of Baptism	
Address of Church of Baptism			
	(Please attach	a copy of Baptismal certificate)	
Date of Confirmation		Date of Parents' Marriage	
	(Please atta	ach a copy of certificate)	
Did you come into full commun please give your previous deno the Roman Catholic Church. (F where you entered into full con	omination and wl Please attach cert	hen and where you were receiv	red into full communion in
Sponsoring Diocese or Commi	unity		
Name of your Parish Church			
Address of your Parish Church			
Addition of your randing officers.			· · · · · · · · · · · · · · · · · · ·
City	State	Zip/Postal Code	Country
Name of your Pastor		Pho	ne
What events in your faith life h	ave influenced y	our discernment of a priestly v	ocation?

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 <u>directly to the Academic Dean.</u>
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 <u>directly to the Academic Dean</u> .
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 <u>directly to the Academic Dean</u> .
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 <u>directly to the Academic Dean</u> .

Family Information (Please print or type the following information)

Father's name		
(First) Date of birth	(Middle)	(Last)
Father's address		
City Stat	eZip/Postal Code	Country
Telephone	Father's religious denomina	tion
Education (highest grade completed	I)	
Occupation		
Employer		
Mother's name		
(First) Date of birth	(Middle) Place of birth	(Last)
Mother's address		
City Stat	e Zip/Postal Code	Country
Telephone	Mother's religious denomina	ition
Education (highest grade completed	i)	
Occupation		
Employer		
Date of parents' marriage	Place	
Does either parent belong to any Or	iental Rite of the Church?	If yes, which parent, which
rite?		
What is your parents' present marita	al status?	
Please list the name and ages of you	ur brothers and sisters.	
Do you have any relatives in the price	esthood or religious life? If yes, ple	ease name



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Tuition and Fees

(as approved by the Seminary Board of Regents)

2020-2021

Tuition Full-Time Students (12-19 credits per semester) Flat Rate: \$15,542
Tuition for Students with 11 or fewer credits per semester: \$1033 (per credit)
Room (per semester) \$3,829
Board (per semester) \$3,707

Other Fees

Audit Fee (per credit) \$516
One-Time Non-Refundable Admission Fee \$45
S.T.B. Application Fee \$200
Transcript of Credits \$7.50
Fee for Finalizing "G" Grades \$35
Parking and Vehicle Registration \$100

(as required by Sant' Anselmo)

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