



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

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
I wish to apply for the: Master of Divinity Degree/Ordination Program
 Master of Arts Catholic Philosophical Studies [Pre-Theology]
 Non-Degree Ordination Program

** Qualified ordination students may apply for the M.A. degree in their second semester of studies at the Seminary, and the Bachelor of Sacred Theology degree after their second semester.

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 \$45 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 _____

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	_____	_____	_____
Deacon	_____	_____	_____
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 conditions(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. _____

