



Saint Vincent Seminary

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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 \$45 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.

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.

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 _____
