



# Saint Vincent Seminary

300 Fraser Purchase Road • Latrobe, Pennsylvania 15650-2690

724-805-2818 • Fax: 724-805-2880

www.saintvincentseminary.edu • e-mail: seminary.academicdean@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.

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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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# 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 \_\_\_\_\_

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### 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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# Employment Information

Please specify below your previous employment history.

<b>Position</b>	<b>Employer</b>	<b>Location</b>	<b>Dates of employment</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

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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)

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# Vocational Information

(Please print or type the following information)

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Address of Church of Baptism \_\_\_\_\_

*(Please attach a copy of Baptismal certificate)*

Date of Confirmation \_\_\_\_\_ Date of Parents' Marriage \_\_\_\_\_

*(Please attach a copy of certificate)*

Did you come into full communion with the Catholic Church from another religious denomination? If yes, please give your previous denomination and when and where you were received into full communion in the Roman Catholic Church. *(Please attach certificate or letter of record from the pastor of the church where you entered into full communion.)*

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Sponsoring Diocese or Community \_\_\_\_\_

Name of your Parish Church \_\_\_\_\_

Address of your Parish Church \_\_\_\_\_

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

Name of your Pastor \_\_\_\_\_ Phone \_\_\_\_\_

What events in your faith life have influenced your discernment of a priestly vocation?

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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.

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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.

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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.

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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.

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# 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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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