



Saint Vincent Seminary

300 Fraser Purchase Road • Latrobe, Pennsylvania 15650-2690

724-805-2395 • Fax: 724-805-2880

www.saintvincentseminary.edu • email: nathanael.polinski@stvincent.edu

Application for Admission to Ordination Program

Section I: Personal Information

Legal Name

First Name

Middle Name

Last Name

Suffix (Jr., Sr., etc.)

Religious Name (if applicable and different from legal name)

Sex

Age

Date of Birth

Month

Day

Year

Place of Birth

City, State, Country

Home Address

Street/P.O. Box

City

State

Zip/Postal Code

Country

Home Phone Number

Mobile Phone Number

Social Security Number

Email Address

Party responsible for expenses related to tuition and room and board

Academic Program Choice(s)

I am applying for the:
(Check all that apply.)

- Pre-Theology (non-degree) program
- Master of Divinity (ordination) degree program
- Master of Arts in Catholic Philosophical Studies (Pre-Theology) degree program
- Non-degree ordination program

Note: Qualified ordination students may apply for the M.A. degree in their second semester of study and for the Bachelor of Sacred Theology degree after their second semester.

Citizenship

I am a: U.S. citizen
 Permanent resident

My country of citizenship is:

Visa status

Information Requested by the U.S. Department of Education

Providing the following information is strictly voluntary and will in no way affect your application's consideration. The data will be used only for government-required statistical data collection.

My ethnic background is: American Indian or Alaska native Asian
 Black/African American (not Hispanic) Hispanic/Latino
 Native Hawaiian or other Pacific Islander White (not Hispanic)
 Two or more races Race or ethnicity unknown

My marital status is:

My religious affiliation is:

Next Steps

1. Complete the following six sections (Educational Information, Student Information and Publicity Record, Employment Information, Emergency Medical Information, Vocational Information, and Family Information).
2. Enclose a check for \$45.00 for the application fee.
3. Enclose a recent photo of yourself.
4. Sign and date your application.
5. Mail your completed application, check, and photo to the Office of the Seminary Academic Dean at the address on page 1 of this form.

Applicant's Signature

Date

Saint Vincent Seminary does not discriminate on the basis of sex, age, race, religion, or creed.

Section II: 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 Received Final Grade Point Average

Graduate School

City State Zip/Postal Code Country

Dates Attended Major/Minor

Degree Received Final Grade Point Average

Please provide information regarding all colleges and graduate schools you have attended. You may use an additional sheet if this page does not have sufficient space.

Please forward OFFICIAL copies of your transcripts directly to Fr. Nathanael Polinski, O.S.B., Academic Dean, Saint Vincent Seminary. Photocopies or student-issued transcripts will not be accepted.

Have you ever been dismissed or suspended from any school or college? If yes, please explain.

Have you applied to Saint Vincent College or Seminary previously? _____ If yes, what year? _____

Section III: Student Information and Publicity Record

Date _____

Legal Name

First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)

Religious Name (if applicable and different from legal name) _____

Current Address

Street/P.O. Box			
City	State	Zip/Postal Code	Country

Parents' Information

Father's Name <i>(indicate if deceased)</i> _____ Street/P.O. Box _____ <hr/> City _____ State _____ Zip/Postal Code _____ Country _____			
Mother's Name <i>(indicate if deceased)</i> _____ Street/P.O. Box _____ <hr/> City _____ State _____ Zip/Postal Code _____ Country _____			

Hometown/Diocesan/Abbey Newspapers

City and State of Publication

Ministries/Orders Received

	<i>Date</i>	<i>Diocese</i>	<i>Installing Ordinary or Major Superior</i>
<i>Lector</i>			
<i>Acolyte</i>			
<i>Candidacy</i>			
<i>Deacon</i>			

Sponsoring diocese/abbey _____

Note: Section III's information will be used to alert your hometown and diocesan or abbey newspapers about your activities at Saint Vincent Seminary. Examples include scholarship announcements, Ministry 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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Section V: Emergency Medical Information

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Legal Name (*first, middle, last*)

Social Security Number

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Street/P.O. Box

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City

State

Zip/Postal Code

Country

--	--

Insurance Carrier (*enclose proof of insurance*)

Policy Number

Emergency Contacts

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Contact Name #1

Relationship

--	--	--	--

Street/P.O. Box

City

State

Zip Code

	- -	- -
--	-----	-----

Country

Daytime Phone Number

Evening Phone Number

--	--

Contact Name #2

Relationship

--	--	--	--

Street/P.O. Box

City

State

Zip Code

	- -	- -
--	-----	-----

Country

Daytime Phone Number

Evening Phone Number

Dietary Restrictions and Allergies

I have these dietary restrictions: _____

I have severe allergic reactions to: _____

(Examples: nuts, dairy products, insect bites, etc.)

(Section V continued on next page)

Section V: Emergency Medical Information (cont'd.)

Medication(s)

I take this (these) medication(s) regularly: _____

I am allergic to this(these) medication(s): _____

Medical Condition(s)

I have this (these) medical condition(s): _____

Chronic Condition(s)

I have this (these) chronic condition(s) that you should be aware of and that might cause an emergency: _____

Applicant's Signature

Date

Section VI: Vocational Information

Baptism Date _____ Church of Baptism _____

Address of Church of Baptism
(enclose a copy of your Baptismal certificate) _____

Confirmation Date _____ Date of Parents' Marriage
(enclose a copy of their marriage certificate) _____

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

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 Number _____ - _____

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

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

Are you entering the seminary for the first time? _____

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

What is the total number of years you were in the seminary? _____

List the names and locations of any previous seminary(ies) and the reason(s) for your departure. Ask the administration of each seminary to provide documentation of your time there **directly to the Seminary Academic Dean.**

Have you ever been affiliated with a religious order, religious institute, or diocese? If yes, list the name, location, and your reason(s) for departure. Ask the administration of this order, institute, or diocese to provide documentation of your time there **directly to the Seminary Academic Dean.**

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

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

Section VII: Family Information

Father's Name *(indicate if deceased)* _____

Date of Birth _____ Place of Birth _____

Street Address/P.O. Box _____ City _____

State _____ Zip/Postal Code _____ Country _____

Phone _____ - _____ Religious Denomination _____

Education (highest grade completed) _____

Occupation _____

Employer _____

Mother's Name *(indicate if deceased)* _____

Date of Birth _____ Place of Birth _____

Street Address/P.O. Box _____ City _____

State _____ Zip/Postal Code _____ Country _____

Phone _____ - _____ Religious Denomination _____

Education (highest grade completed) _____

Occupation _____

Employer _____

Parents' Marriage Date _____ Place _____

Does either parent belong to any Oriental Rite of the Church? _____

If yes, indicate which parent and which rite.

Parents' Present Marital Status _____

List the names and ages of your brothers and sisters.

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

