



SEMINARIAN APPLICATION FOR ALL
DIOCESAN & RELIGIOUS APPLICANTS

CONFIDENTIAL

MOUNT ANGEL
S E M I N A R Y



If you have any questions, please contact us at

Mount Angel Seminary, Admissions Office

1 Abbey Drive, Saint Benedict, OR 97373

503.845.3951 | 503.845.3128 FAX

admissions@mtangel.edu

Please answer all questions as completely and accurately as possible.
If any questions are not applicable, please indicate by answering "NA."

PART I: APPLICANT INFORMATION

Please attach one digital color headshot of yourself.

- 1.1. Date of Application:
- 1.2. Is this your first time applying to seminary or any form of Religious Life (Yes/No)?
- 1.3. Legal Name: _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>
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- 1.4. Does the above name agree with your baptismal record? No Yes
If no, please explain (100 words or fewer):

- 1.5. Were you adopted? No Yes
- 1.6. Have you ever been known by any other nicknames or aliases? No Yes
If yes, please list all your nicknames and/or aliases, and when you have used them (20 words or fewer):

1.7. Personal Information

Age Birthdate (mm/dd/yyyy) City State Country

Social Security or Tax ID Number Driver License Number State Country

Preferred telephone (including area code): _____ Type: _____
Secondary telephone (including area code): _____ Type: _____
Other telephone (including area code): _____ Type: _____
Preferred e-mail address: _____

Home Address City State Country Zip Code

How long have you lived at this address? _____

Current Address (if different from above) City State Country Zip Code

1.8. **Diocesan and Parish Membership**

_____		_____		_____	
<i>Your Current Diocese</i>		<i>Your Current Parish</i>		<i>Pastor/Parish Administrator</i>	
_____		_____			
<i>Parish E-mail</i>		<i>Phone</i>			
_____		_____		_____	
<i>Parish Mailing Address</i>		<i>City</i>		<i>State</i>	<i>Country</i>
					<i>Zip Code</i>
Are you currently registered in this parish?				<input type="radio"/> No <input type="radio"/> Yes	
<i>If no, please explain (100 words or fewer):</i>					

1.9. Please list all the addresses where you have lived for the last 7 years:

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART II: CURRENT AFFILIATION

2.1. **(Arch)Diocese**

*Please identify the Archdiocese or Diocese for which you are applying (please check **only one** of the following):*

If Other:

2.2. Have you already been accepted as a seminarian for this (Arch)Diocese? No Yes

2.3. **Seminary** *(if known)*

If your Vocation Director has informed you, please identify the Seminary and program for which you are applying:

Mount Angel Seminary

Bishop White Seminary

Other *Which seminary (if known)?* _____

2.4. **Beginning Academic Term**

For which term are you applying?

Semester:

Academic Year:

2.5. **Religious Community**

Are you a member of a Religious Community?

No Yes

If yes, which one?

2.6. **Vocation Director/Religious Superior**

Please provide contact information for your Vocation Director or Religious Superior:

_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____		
<i>E-mail</i>		<i>Phone</i>		
_____	_____	_____	_____	_____
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

2.7. **Emergency Contact**

Please identify a person whom you would like us to contact in case of emergency:

_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____		
<i>E-mail</i>		<i>Phone</i>	<i>Alternative Phone</i>	
_____	_____	_____	_____	_____
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

PART III: PREVIOUS (ARCH)DIOCESAN, RELIGIOUS, OR SEMINARY AFFILIATION

3.1. Prior to this time, have you ever **contacted** a Vocation Director of another (Arch)Diocese, seminary, or religious community?

No Yes

If yes, with whom and when were you in contact (20 words or fewer) ?

3.2. Prior to this time, have you ever **applied** to another (Arch)Diocese, seminary, or religious community? No Yes
If yes, please provide the following information:

<i>(Arch)Diocese/ Seminary/Religious Community</i>	<i>Location</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.3. Prior to this time, have you ever been **rejected** by another (Arch)Diocese, seminary, or religious community? No Yes

If yes, please provide the following information:

<i>(Arch)Diocese/Seminary/ Religious Community</i>	<i>Date</i>	<i>Reason for non-acceptance</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.4. Prior to this time, have you ever been **accepted** by another (Arch)Diocese, seminary, or religious community? No Yes

If yes, please provide the following information:

<i>(Arch)Diocese, Seminary, or Religious Community</i>	<i>Entry Date</i>	<i>Departure Date</i>	<i>Level of Formation at Departure</i>
_____	_____	_____	_____
Form of Departure:			
_____	_____	_____	_____
Form of Departure:			
_____	_____	_____	_____
Form of Departure:			

If you left voluntarily or were asked to leave, please explain fully (100 words or less):

- 3.5. If you have previously studied for the priesthood:
- Have you received Candidacy? N/A No Yes Date: _____
 - Were you installed in the Ministry of Lector? N/A No Yes Date: _____
 - Were you installed in the Ministry of Acolyte? N/A No Yes Date: _____
 - Were you ever ordained? N/A No Yes Date: _____

PART IV: CIVIL LEGAL STATUS

4.1. Are you a citizen of the United States of America? No Yes
 If yes, do you have a United States Passport? No Yes

<i>Passport Number</i>	<i>Date of Issue</i>	<i>Date of Expiration</i>
_____	_____	_____

- 4.2. If you are not a United States citizen, of which country are you a citizen? _____
- 4.3. How long have you lived in the United States? _____
- 4.4. What is your country of birth? _____
- 4.5. Are you a permanent resident of the United States? No Yes

If yes, what is the effective date? _____

If no, what is your I-94 Number? _____

- 4.6. Do you have a non-immigrant Visa? No Yes
- What is your current immigration class/status (e.g., R1—Religious Worker, F1—Student, etc.)?

Status	Valid From Date	Date of Expiration
_____	_____	_____

NOTE: Please attach a copy of your Passport, Visa, and any other applicable documentation.

PART V: CRIMINAL HISTORY

- 5.1. Has a civil complaint (e.g., a complaint at work or in a volunteer setting) or criminal complaint ever been filed against you alleging sexual misconduct or sexual harassment by you, or that you helped facilitate such activities by another person? No Yes
- If yes, please describe (20 words or fewer):

- 5.2. Has a civil or criminal complaint ever been filed against you alleging that you physically or sexually abused another person, or that you helped facilitate physical or sexual abuse by another person? No Yes
- If yes, please describe (20 words or fewer):

- 5.3. Has a civil complaint (e.g., a complaint at work or in a volunteer setting) or a criminal complaint ever been filed against you alleging financial misconduct or that you helped facilitate financial misconduct by another person? No Yes
- If yes, please describe (20 words or fewer):

- 5.4. Has a civil complaint (e.g., a complaint at work or in a volunteer setting) or a criminal complaint ever been filed against you alleging any other type of misconduct or that you helped facilitate any other misconduct by another person? No Yes
- If yes, please describe (20 words or fewer):

- 5.5. Have you had any traffic violations? No Yes
- If yes, please provide the following information:

Date	Age	Charges	City	State	Disposition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5.6. Have you ever been arrested? No Yes

If yes, please provide the following information:

Date	Age	Charges	City	State	Disposition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5.7. Have you ever been convicted or entered a plea of "No Contest" or "Guilty" to any civil or criminal charge? No Yes

If yes, please provide the following information:

Date	Age	Charges	City	State	Sentence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please explain fully (20 words or fewer):

5.8. Have you ever been placed on probation? No Yes

If yes, on what date(s) did your probation conclude?

5.9. Have you ever been incarcerated? No Yes

If yes, please provide the following information:

Beginning Date	Release Date	Institution	City	State	Completed Sentence?
_____	_____	_____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes
_____	_____	_____	_____	_____	<input type="radio"/> No <input type="radio"/> Yes

If you did not complete your sentence, were you released on parole? No Yes

If yes, please provide contact information for your parole officer:

_____ *First Name* _____ *Last Name*

_____ *Street Address*

_____ *City* _____ *State* _____ *Zip*

_____ *Phone (including area code)* _____ *E-mail*

PART VI: EMPLOYMENT HISTORY

6.1. Are you currently employed? No Yes

*Please answer the following concerning your **current or most recent employment** (full-time or part-time):*

Name of Employer	Your Job Title	Dates of Employment
_____	_____	_____
_____	_____	_____

_____ *Address* _____ *City* _____ *State* _____ *Zip Code*

6.2. Please describe your duties & responsibilities (20 words or fewer):

6.3. What do/did you like most about this job (20 words or fewer)?

6.4. What do/did you like least about this job (20 words or fewer)?

6.5. If applicable, please list the reason(s) you left your most recent job (20 words or fewer):

6.6. Are you self-employed? No Yes

If you are not self-employed, please provide the following information about your employer:

Immediate Supervisor's Name

E-mail

Phone

6.7. Have you ever been fired or pressured to resign from a job or a volunteer position? No Yes

If yes, please explain fully (including the name, address, and phone number of the employer or organization):

6.8. Excluding your current or most recent employer, list chronologically (starting with the most recent) the jobs you have held for the last **seven** years:

<i>Name of Employer</i>	<i>Job Title</i>	<i>Dates Employed</i>	<i>Reason for Leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6.9. Please list any volunteer work not mentioned above (unaffiliated with Church or parish), including your duties and length of service:

6.10. Do you belong to any professional organizations? No Yes
If yes, please describe (20 words or fewer):

PART VII: FAMILY BACKGROUND

Father

7.1. Father's Name: _____
First Name Middle Initial Last Name Suffix

7.2. Birthplace: _____

7.3. Highest Grade Completed: _____

7.4. Occupation: _____

7.5. Religion: _____

7.6. Is he a member of an Eastern Rite of the Church? No Yes

If yes, which one? _____

7.7. Is he a convert to Catholicism? No Yes

If yes, age at conversion: _____

7.8. Is he alive? No Yes

7.9. If your father is deceased:

Date of Death: _____ Age at Death: _____ Cause of Death: _____

7.10. If your father is living:

Street Address (if different from your home address)

City State Zip

Home Phone (incl. area code) Cell phone (incl. area code) E-mail Address

Mother

- 7.11. Mother's Name: _____
First Name Middle Initial Last Name Suffix
- 7.12. Birthplace: _____
- 7.13. Highest Grade Completed: _____
- 7.14. Occupation: _____
- 7.15. Religion: _____
- 7.16. Is she a member of an Eastern Rite of the Church? No Yes
If yes, which one? _____
- 7.17. Is she a convert to Catholicism? No Yes
If yes, age at conversion: _____
- 7.18. Is she alive? No Yes
- 7.19. *If your mother is deceased:*
Date of Death: _____ Age at Death: _____ Cause of Death: _____
- 7.20. *If your mother is living:*

Street Address (if different from your home address)

City State Zip

Home Phone (incl. area code) Cell phone (incl. area code) E-mail Address
- 7.21. **Parents' Current Marital Status**
- 7.22. Are your mother and father currently married to each other? No Yes
If yes, were they married in a Church ceremony? N/A No Yes
If yes: _____
Year of Wedding Denomination State Country
If no, where were your parents married? _____
- 7.23. If your parents are *not* currently married to each other, what is their marital status?
 N/A Cohabiting Widowed Separated Divorced Year of Divorce: _____
- 7.24. If your parents are divorced, have they received an annulment from the Church? N/A No Yes
If yes, in what year did they receive the annulment? _____
- 7.25. If your parents are widowed or divorced, has either parent remarried? N/A No Yes
Stepmother's Name: _____
Were they married in a Catholic ceremony? No Yes Are they still married? No Yes
Stepfather's Name: _____
Were they married in a Catholic ceremony? No Yes Are they still married? No Yes

7.26. **Siblings & Relatives**

Please list all of your siblings, from oldest to youngest, indicating any half- or step-brothers or sisters.

<i>Name</i>	<i>Age</i>	<i>Occupation</i>	<i>Religion</i>	<i>Relationship to You</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7.27. Do you have any near relatives who are priests or consecrated religious? No Yes

If yes, please provide the following information:

<i>Name</i>	<i>Relationship to you</i>	<i>Priest and/or Religious?</i>	<i>Diocese/Congregation</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7.28. Briefly describe your home life as a child and the quality of the relationships in your family, for example, between your parents, between parents and children, and between siblings (100 words or fewer).

- 7.29. Has there been serious problems in your immediate family such as a history of depression, anxiety, or other mental illness, alcoholism, drug abuse, gambling addiction, or sexual abuse? No Yes
If yes, please describe (100 words or fewer):

- 7.30. What do your immediate family members think of your decision to discern a priestly vocation (100 words or fewer)?

PART VIII: CANONICAL STATUS

The following questions pertain to impediments which may require a dispensation before you are eligible for ordination. If needed, please seek clarification from the Director of Vocations and/or Dean of Admissions prior to answering this section.

8.1. **Severe Mental Illness (c. 1041.1)**

- Have you ever committed yourself or been committed to a psychiatric facility? No Yes
- Have you ever been declared mentally disabled or mentally incompetent? No Yes
- Have you ever been prescribed medication for a mental or emotional condition? No Yes
- Have you ever participated in a program to treat chemical dependency, substance/drug abuse, eating disorders and/or sexual addictions (e.g., AL-ANON, AA, NA, OA, SA, etc.)? No Yes

If yes to any of the above, please explain (100 words or fewer):

8.2. **Apostasy, Heresy, or Schism (c. 1041.2)**

After your baptism as a Catholic or your reception into full communion with the Catholic Church:

Have you ever publicly abandoned the Christian religion?
If yes, please explain (100 words or fewer):

No Yes

Have you ever abandoned the Catholic Church (for example, by registering membership in another religion, denomination, or sect)?
If yes, please explain (100 words or fewer):

No Yes

Have you ever attended schismatic churches such as the Society of St. Pius X (SSPX), or any sede-vacantist group such as the Congregation of Mary Immaculate Queen (CMRI), the Old Catholic Church, the Polish National Church, etc.?
If yes, please explain (100 words or fewer):

No Yes

If yes, have you received sacraments in these churches?

No Yes

If yes to either of the above, please provide the following information:

Date	Schismatic Church	Sacrament(s) Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever, in a public capacity, advocated any views contrary to the teachings of the Catholic Church?

No Yes

Have you been involved with or bound yourself by any oaths, vows, or promises in any kind of non-Catholic religious organization, secret society, or cult (e.g., Freemasonry, Jehovah’s Witness, Scientology, Zen Buddhism, Unitarianism, Tarotology, Mormonism, Witchcraft, New Age, etc.)?

No Yes

If yes to either of the above, please explain (100 words or fewer):

8.3. Bond of Marriage (c. 1041.3)

Have you ever been married either civilly or in a religious ceremony?

No Yes

If yes, how many times have you been married? _____

If yes, is/are your former spouse(s) living?

No Yes

If yes, have you received a civil divorce from each marriage?

No Yes

If yes, has a decree of nullity or a dissolution of the bond by a competent ecclesiastical authority been granted for each marriage?

No Yes

If your former spouse is deceased, please provide her date of death: _____

Do you have any children?

No Yes

If yes, please indicate their first names and ages:

<i>First Name</i>	<i>Age</i>
_____	_____
_____	_____
_____	_____

If you have children, please describe the quality of your relationship, including how frequently you visit with them (100 words or fewer):

If you have children, what are your natural responsibilities toward these children (100 words or fewer)?

Do you have natural obligations to their mother, or to any other persons (e.g., parents)?

No Yes

If yes, are you fulfilling those obligations?

No Yes

Please explain (100 words or fewer):

8.4. **Private or Public Religious Vows (1041.3)**

Have you ever made private religious vows?

No Yes

If yes, please explain (100 words or fewer):

Have you ever made public oaths, vows, or promises in a religious community?

No Yes

If yes, please provide the following information:

Community/Order

Date

Type

Present status of vows

8.5. **Voluntary Homicide or Abortion (c. 1041.4)**

Have you performed an abortion or helped someone procure an abortion (e.g., by paying for it, transporting the mother, providing abortifacient medication or encouraging the subject to have an abortion)?

No Yes

Have you ever been involved in the taking of another human life?
If yes to either of the above, please explain (100 words or fewer):

No Yes

8.6. **Suicide or Self-Mutilation (c. 1041.5)**

Have you ever made a serious attempt at suicide or self-mutilation?
If yes, please explain (100 words or fewer):

No Yes

8.7. **Simulation (c. 1041.6)**

Have you ever impersonated a priest or bishop in a religious ceremony?
If yes, please explain (100 words or fewer):

No Yes

8.8. **Excommunication**

Have you ever incurred an ecclesiastical penalty (excommunication or interdict)? *If yes, please explain (100 words or fewer):*

No Yes

8.9. **Oriental Rite (c. 1015.2)**

Do either of your parents belong to an Oriental Rite of the Church? (c. 1015.2)
If yes, please explain (100 words or fewer):

No Yes

PART IX: ETHNIC, CULTURAL, AND LANGUAGE BACKGROUND

9.1. How do you describe your racial/cultural background? For example: Hispanic, American Indian, African American, Pacific Islander, etc.?

9.2. Please check all the languages that you can speak and/or read:

English	Spanish	Vietnamese	Italian	French	German	Tagalog (Filipino)
Japanese	Chinese	Latin	Greek	Other:		

9.3. What is your primary language?

If Other:

9.4. Where did you learn your primary language?

If Other:

If English is not your primary language, please answer the following:

9.5. When did you start to learn the English language?

If Other:

9.6. The English language is your:

9.7. How many years have you studied the English language? _____

9.8. How many years have you studied academic subjects in English? _____

9.9. How many years have you lived in an English-speaking country? _____

9.10. During the years that you lived in an English-speaking country, what percentage of time did/do you speak English ?

9.11. In what countries have you resided for at least six months (20 words or fewer)?

9.12. What country do you call home? _____

PART X: SACRAMENTAL BACKGROUND & PRACTICE

10.1. Baptism

<i>Date</i>	<i>Church Name</i>	<i>City</i>	<i>State</i>	<i>Country</i>
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Were you baptized in the Roman Catholic Church? No Yes

If no, please answer the following questions:

Into what denomination were you baptized? _____

How long were you affiliated with that denomination or religion? _____

Did you participate in RCIA/OCIA? No Yes

When and where were you received into full communion with the Catholic Church?

<i>Date</i>	<i>Church Name</i>	<i>City</i>	<i>State</i>	<i>Country</i>
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What are the reasons you converted (100 words or fewer)?

10.2. Sacrament of Confirmation

<i>Date</i>	<i>Church Name</i>	<i>City</i>	<i>State</i>	<i>Country</i>
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10.3. Sacrament of Holy Communion

<i>Date</i>	<i>Church Name</i>	<i>City</i>	<i>State</i>	<i>Country</i>
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10.4. How often do you attend Mass?

10.5. How often do you go to Confession?

10.6. Do you have a regular confessor? No Yes

10.7. Do you have a spiritual director or someone with whom you regularly discuss your prayer life? No Yes
If yes, how often do you meet him or her?

If Other:

10.8. Have you ever stopped practicing the Catholic Faith for a period of time? No Yes
If yes, please explain (100 words or fewer):

10.9. Where did you receive your formal religious education?

Please check all that apply:

- Catholic Elem. School Catholic High School CCD/Religious Ed. Home School Scouts
 Catholic Summer Camps Youth Congress HS Youth Group (Curriculum/Program: _____)
 Quo Vadis Days
 Other: _____

PART XI: EDUCATIONAL HISTORY

11.1. Please list the schools you have attended in chronological order. Give the inclusive dates of attendance (month & year). Please designate the type of school using the following codes: P (public); C (Catholic); OP (other private); HS (home school).

<i>Name of School</i>	<i>City, State</i>	<i>Type</i>	<i>Dates Attended</i>	<i>Degree</i>	<i>GPA</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11.2. If you did not complete a formal course of High School instruction, have you obtained your GED? No Yes
If no, please explain (20 words or fewer):

11.3. If you have not yet earned a college degree, but are working toward one, please give the following information:

_____	_____	_____	_____
<i>Educational Institution</i>	<i>Type of Degree</i>	<i>Major</i>	<i>Grad Date (anticipated)</i>

12.4. Are education benefits available to you from the military?
If yes, please describe (20 words or fewer):

No Yes

PART XIII: SOCIAL MEDIA, INTERNET, & COMMUNICATION

13.1. How much time do you spend watching television each day?

13.2. How much time do you spend speaking on the telephone each day?

13.3. How much time do you spend each day on the internet?

13.4. Please indicate how much time you spend each day on the following types of online activities:

Internet Surfing: _____ Research: _____
Social Media: _____ Texting: _____
Netflix/Amazon Prime: _____ E-mail: _____
Skype/Facetime: _____ YouTube: _____
Gaming: _____

13.5. Do you play computer games?

No Yes

If yes, please provide the following information about the games you currently play:

<i>Game</i>	<i>Frequency & Duration (Hrs/week)</i>	<i>Platform (Xbox, Wii, etc.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13.6. Please list all the e-mail addresses you have used for the last two years (both work and personal):

13.7. Please indicate all platforms or services for which you provide, share, or manage electronic content, providing the related URL's and profile/account names/handles by which you are known:

<i>Platform</i>	<i>URL</i>	<i>Profile/User Name/Handle</i>
<input type="checkbox"/> None		
<input type="checkbox"/> Website:	_____	_____
<input type="checkbox"/> Blog:	_____	_____
<input type="checkbox"/> Facebook:	_____	_____
<input type="checkbox"/> Instagram:	_____	_____
<input type="checkbox"/> Snapchat:	_____	_____
<input type="checkbox"/> Pinterest:	_____	_____
<input type="checkbox"/> Tumblr:	_____	_____
<input type="checkbox"/> TikTok:	_____	_____
<input type="checkbox"/> LinkedIn:	_____	_____
<input type="checkbox"/> Periscope:	_____	_____
<input type="checkbox"/> Twitter:	_____	_____
<input type="checkbox"/> YouTube:	_____	_____
<input type="checkbox"/> Vimeo:	_____	_____
<input type="checkbox"/> Flickr:	_____	_____
<input type="checkbox"/> MySpace:	_____	_____
<input type="checkbox"/> Reddit:	_____	_____
<input type="checkbox"/> Digg:	_____	_____
<input type="checkbox"/> Forum:	_____	_____
<input type="checkbox"/> Forum:	_____	_____
<input type="checkbox"/> Forum:	_____	_____
<input type="checkbox"/> Discussion Group:	_____	_____
<input type="checkbox"/> Discussion Group:	_____	_____
<input type="checkbox"/> Discussion Group:	_____	_____
<input type="checkbox"/> Combox Activity:	_____	_____
<input type="checkbox"/> Combox Activity:	_____	_____
<input type="checkbox"/> Combox Activity:	_____	_____
<input type="checkbox"/> Other:	_____	_____

PART XIV: FINANCIAL STATUS

14.1. Have you ever declared bankruptcy? No Yes
If yes, please explain (100 words or fewer):

14.2. Do you currently have any outstanding debts? No Yes
If yes, please provide the following information:

- Student Loan(s) Total Pay Off Amount: \$ _____
- Credit Card(s) Total Pay Off Amount: \$ _____
- Car Loan(s) Total Pay Off Amount: \$ _____
- Medical/Dental Total Pay Off Amount: \$ _____
- Mortgage Total Pay Off Amount: \$ _____
- Other: _____ Total Pay Off Amount: \$ _____
- Other: _____ Total Pay Off Amount: \$ _____
- Total Outstanding Debt: \$ _____

14.3. Please describe how you plan to make any monthly debt payments if you are accepted into the priestly formation program or seminary (20 words or fewer):

14.4. Depending upon your (Arch)Diocesan policies, each seminarian may be expected to be responsible for personal expenses including: clothing; toiletries; entertainment; school supplies; cell phone service; personal travel; medical, dental, and vision co-pays and deductibles; current and outstanding personal debt payments; entertainment; laundry; postage; and, if he has a car, all auto insurance, gas, and maintenance expenses. Please check with your Vocation Director for specific details.

Do you anticipate that you will be able to cover these expenses? No Yes

14.5. Do you have any guaranteed income? No Yes
If yes, please indicate and describe the source and monthly amount:

- Retirement Benefits: _____ \$ _____
- Disability Benefits: _____ \$ _____
- Investment Income: _____ \$ _____
- Rental Income : _____ \$ _____
- Social Security Benefits: _____ \$ _____
- Inheritance: _____ \$ _____
- Other: _____ \$ _____
- Total Guaranteed Income: \$ _____

14.6. Do you expect to receive any financial assistance to cover your personal and educational expenses? No Yes
If yes, please indicate and describe the source and monthly amount:

- Family & Friends: _____ \$ _____
 - (Arch)Diocesan Assistance: _____ \$ _____
 - Personal Loans: _____ \$ _____
 - Student Loans : _____ \$ _____
 - G.I. Bill: _____ \$ _____
 - Your Parish: _____ \$ _____
 - KofC (Council & Location): _____ \$ _____
 - KofC (Council & Location): _____ \$ _____
 - Other: _____ \$ _____
- Total Expected Assistance: \$ _____

14.7. Have you accrued any pension benefits (e.g., 401k, IRA, military pension, etc.)? No Yes
If yes, please indicate and describe the source, monthly amount, and when available:

- Military Pension: _____ \$ _____ Available: _____
 - 401(k): _____ \$ _____ Available: _____
 - IRA: _____ \$ _____ Available: _____
 - Other: _____ \$ _____ Available: _____
- Total Pension Benefits: \$ _____

14.8. Do you have any other personal assets not described above? No Yes
If yes, please indicate and describe the source and amount:

- Checking: _____ \$ _____
 - Savings: _____ \$ _____
 - Other: _____ \$ _____
- Total Personal Assets: \$ _____

PART XV: INSURANCE

Medical Insurance

15.1. Do you currently have medical insurance? No Yes
If yes, please indicate the following:

Name of Primary Insurance Company	Phone Number	Policy Number	Exp. Date
Street Address	City	State	Country
Name of Secondary Insurance Company	Phone Number	Policy Number	Exp. Date
Street Address	City	State	Country
		Zip Code	

15.6. Are you the auto insurance policy holder?

No Yes

If no, please indicate the following:

Name of Policy Holder

Street Address

City

State

Country

Zip Code

Who is currently financially responsible for your auto insurance premiums and maintenance costs (20 words or fewer)?

PART XVI: OTHER PERSONAL INFORMATION

Please answer each of the following questions in 100 words or fewer.

16.1. Describe the usual religious practices in your home while growing up:

16.2. Apart from the sacraments, describe your current religious or spiritual practices:

16.3. Which of these practices is most rewarding for you? Why?

16.4. List the ways you have been involved in your parish (past and present), noting your age at the time of involvement (e.g., *Altar Server, Reader, Choir Member, Youth Group participant, Committee member, etc.*):

16.5. In what ways has your involvement in parish ministry inspired you to serve as a priest?

16.6. Describe your experience of and interest in Mass in other languages, such as Spanish, Latin (Ordinary or Extraordinary Form) or other

16.7. Who are your three best friends? Describe what makes them good friends:

16.8. Name the three most influential people in your life, and describe how they have influenced you:

16.9. List any neighborhood, civic, social, or service organizations to which you belong:

16.10. Describe any leadership roles you have assumed in your free time or volunteer activities:

16.11. List the names of blogs, newspapers, magazines, periodicals that you read regularly (online or in print):

16.12. Name two or three of your favorite books, and describe why you enjoy them:

16.13. Why do you want to serve in your (Arch)Diocese or religious order as a priest?

16.14. Have you ever had a long-term relationship that was more than mere friendship?
If yes, briefly describe the quality of that relationship, including how it ended:

No Yes

16.15. Have you ever been engaged to be married?
If yes, briefly describe the quality of that relationship, including how it ended:

No Yes

16.16. What is your understanding of the priestly promise of chaste celibacy?

16.17. For how long have you been practicing a life of chaste celibacy? _____

16.18. What is your understanding of the promise of obedience?

16.19. What do you regard as your particular talents or strongest qualities? Why?

16.20. What do you see as potential areas of personal growth for you? Why?

16.21. Describe the priest you dream of being, and why:

16.22. From your perspective right now, what do you believe will be the most difficult thing about being a priest? Why?

16.23. From your perspective right now, what do you look forward to in the seminary? Why?

16.24. From your perspective right now, what challenges do you anticipate in the seminary? Why?

16.25. If you were not to become a priest, what other careers would you consider? Why?

16.26. What hobbies do you have?

16.27. What do you do for relaxation?

16.28. Explain your understanding of the mission of the Church. How should priests and lay men and women collaborate in this mission?

16.29. Please comment on sharing ministerial responsibilities with lay men and women.

16.30. How do your religious beliefs influence your political opinions, and vice-versa?

16.31. What aspects of ministering to people who are from a different culture, or who don't speak your native language, appeal to you?

16.32. What aspects of this type of ministry do you expect to be challenging?

16.33. What in your past experience (work, education, military, personal, etc.) will be helpful or detrimental to your life as a priest?

16.34. Is there anything in your past that, if known publicly, might reflect poorly on your life or bring scandal to the Church?

I acknowledge that no material information about me relative to this application has been withheld, and that the information I have supplied is correct to the best of my knowledge. I further confirm that I make this application of my own free will.

Signature of Applicant

Date