



# SAINT VINCENT DE PAUL REGIONAL SEMINARY

## Application Form

### Priestly Formation Program

### School of Theology, Pre-Theology/Theology

**Instructions:**

- Please complete all of the items on the application, type or print clearly in ink.
- Request that **official transcripts** from high school(s) and/or college(s) attended be sent to our Registrar.
- In cooperation with the applicant's sponsoring (Arch)Diocese or religious community, Saint Vincent de Paul Regional Seminary will engage the assistance of a professional agency that specializes in clearances and background checks, to verify the applicant's integrity. This verification will include checking of references and the development of a cyber and social media online profile from available open sources and publically accessible online databases.
- Return completed application form along with the application fee to the Rector's Office, Saint Vincent de Paul Regional Seminary, 10701 South Military Trail, Boynton Beach, FL 33436-4899.

If you have any questions, call the Rector's Office at 561-732-4424 ext. 170.

**Do you swear to complete all information completely, honestly and truthfully?**       I do.

**Any falsehood or attempt to deceive will result in immediate disqualification for admission.**

|                                                                |       |                 |                     |
|----------------------------------------------------------------|-------|-----------------|---------------------|
| <u>Name</u>                                                    | Last: | First:          | Middle:             |
| How you wish to be called:                                     |       |                 |                     |
| Home Address                                                   |       |                 |                     |
| Street Address:                                                |       | City:           | State and Zip Code: |
| Email Address:                                                 |       | Cell Phone:     |                     |
| Date of Birth:                                                 |       | Place of Birth: |                     |
| Social Security Number:                                        |       |                 |                     |
| (Arch)Diocese, religious community for which you are studying: |       |                 |                     |
| Parish Name:                                                   |       |                 |                     |
| Street Address:                                                |       | City:           | State and Zip Code: |

| SACRAMENTAL/CANONICAL INFORMATION                                                                                                                      |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Date of Baptism:                                                                                                                                       | Church of Baptism:      |
| City:                                                                                                                                                  | State, Country:         |
| Date of Confirmation:                                                                                                                                  | Church of Confirmation: |
| City:                                                                                                                                                  | State, Country:         |
| If you were baptized as a Catholic, in what rite were you baptized?                                                                                    |                         |
| Have you ever belonged to a non-Catholic church/ecclesial community?                                                                                   |                         |
| If so, at what age did you enter into full communion with the Catholic Church?                                                                         |                         |
| If so, in what tradition were you raised?                                                                                                              |                         |
| In what parish were you received into the Catholic Church?                                                                                             |                         |
| City, State (Country):                                                                                                                                 | Date:                   |
| If you were not born in the (Arch)Diocese for which you are studying, when did you locate permanently in the (Arch)Diocese for which you are studying? |                         |
| FAMILY BACKGROUND/EMERGENCY CONTACT                                                                                                                    |                         |
| Father's Name:                                                                                                                                         |                         |
| Home Address:                                                                                                                                          |                         |
| Father's Contact Information:                                                                                                                          |                         |
| Email:                                                                                                                                                 | Cell Number:            |
| Mother's Name:                                                                                                                                         | Maiden Name:            |
| Home Address:                                                                                                                                          |                         |
| Mother's Contact Information:                                                                                                                          |                         |
| Email:                                                                                                                                                 | Cell Number:            |
| Are parents living?                                                                                                                                    |                         |
| Father:                                                                                                                                                | Mother:                 |
| If deceased, state date and cause:                                                                                                                     |                         |
| Father:                                                                                                                                                | Mother:                 |
| Are/Were parents married to each other?                                                                                                                |                         |
| Parent's date of marriage:                                                                                                                             |                         |
| Name of Church:                                                                                                                                        |                         |
| Father's religion and rite, if Catholic:                                                                                                               |                         |
| Mother's religion and rite, if Catholic:                                                                                                               |                         |
| Father's occupation:                                                                                                                                   |                         |
| Mother's occupation:                                                                                                                                   |                         |
| Number of brothers:                                                                                                                                    | Number of sisters:      |
| Which child are you numerically in the family?                                                                                                         |                         |
| Person to notify in an emergency:                                                                                                                      |                         |
| Relationship:                                                                                                                                          |                         |
| Cell Number:                                                                                                                                           |                         |
| Email address:                                                                                                                                         |                         |

|                                                                                                                       |      |     |
|-----------------------------------------------------------------------------------------------------------------------|------|-----|
| Address:                                                                                                              |      |     |
| <b>UNITED STATES CITIZENSHIP</b>                                                                                      |      |     |
| Are you a United States citizen?                                                                                      | Yes: | No: |
| If you an immigrant, what is your immigration status?                                                                 |      |     |
| Do you have a U.S. visa?                                                                                              | Yes: | No: |
| If yes, what type?                                                                                                    |      |     |
| Expiration date:                                                                                                      |      |     |
| Do you need an I-20 form?                                                                                             |      |     |
| <b>MEDICAL BACKGROUND</b>                                                                                             |      |     |
| Physical challenges or limitations, if any.                                                                           |      |     |
| Have you any chronic disease?                                                                                         |      |     |
| Are you presently taking any prescription drugs?                                                                      |      |     |
| If so, please explain                                                                                                 |      |     |
| Is there any history in your family of mental illness, alcoholism or drug addiction, please give details.             |      |     |
| Have you had any kind of psychological counseling?                                                                    |      |     |
| If yes, please explain.                                                                                               |      |     |
| Are you now, or have you ever been addicted to drugs, marijuana or alcohol?                                           |      |     |
| <b>PERSONAL BACKGROUND</b>                                                                                            |      |     |
| Have you ever been charged with or convicted of a criminal offense, felony or misdemeanor?<br>If yes, please explain. |      |     |
| Have you ever been arrested?<br>If yes, please explain.                                                               |      |     |
| Have you ever been an accomplice to a crime?<br>If yes, please explain.                                               |      |     |
| Have you ever killed or mutilated a human being, even accidentally?<br>If yes, please explain.                        |      |     |

|                                                                                                                          |        |
|--------------------------------------------------------------------------------------------------------------------------|--------|
| Have you cooperated in an abortion?<br>If yes, please explain.                                                           |        |
| Have you ever been affiliated with any non-Catholic organization or secret societies?                                    |        |
| Have you ever been married or attempted to contract marriage (i.e. civil marriage)?                                      |        |
| Name of Spouse:                                                                                                          |        |
| When:                                                                                                                    | Where: |
| Present status of marriage:                                                                                              |        |
| Names and ages of children:                                                                                              |        |
| Has the marriage been annulled? <i>(Please include a copy of your annulment decree.)</i>                                 |        |
| When:                                                                                                                    | Where: |
| What is the present relationship with wife and children?                                                                 |        |
| Do you own a business or are you involved in any business transactions for which you must render an account?             |        |
| Do you have outstanding debts, including credit card or student loans?                                                   |        |
| If yes, please explain and give the amount of debt.                                                                      |        |
| Please explain how you are addressing the debt.                                                                          |        |
| Explain your financial obligations to family members, friends, or others. Are other people financially dependent on you? |        |
| Were you ever in the military?                                                                                           |        |
| Branch:                                                                                                                  |        |
| Were you honorably discharged?                                                                                           | Date:  |
| Dishonorably discharged?                                                                                                 | Date:  |
| If you were dishonorably discharged, please explain.                                                                     |        |

List all the (Arch)Dioceses in which you have resided for periods of six months or longer since your fourteenth year, with dates and addresses of such residences.

|                |         |                 |
|----------------|---------|-----------------|
| (Arch)Diocese: | Parish: | City and State: |
|----------------|---------|-----------------|

Home address during this time:

|                |         |                 |
|----------------|---------|-----------------|
| (Arch)Diocese: | Parish: | City and State: |
|----------------|---------|-----------------|

Home address during this time:

|                |         |                 |
|----------------|---------|-----------------|
| (Arch)Diocese: | Parish: | City and State: |
|----------------|---------|-----------------|

Home address during this time:

**EDUCATION**

List all elementary, middle and high schools you attended:

|         |                 |                 |
|---------|-----------------|-----------------|
| School: | City and State: | Dates attended: |
|---------|-----------------|-----------------|

|         |                 |                 |
|---------|-----------------|-----------------|
| School: | City and State: | Dates attended: |
|---------|-----------------|-----------------|

|         |                 |                 |
|---------|-----------------|-----------------|
| School: | City and State: | Dates attended: |
|---------|-----------------|-----------------|

Year of high school graduation:

If you did not attend Catholic elementary and/or high school, where did you attend religious education?

|         |                 |                 |
|---------|-----------------|-----------------|
| Church: | City and State: | Dates attended: |
|---------|-----------------|-----------------|

|         |                 |                 |
|---------|-----------------|-----------------|
| Church: | City and State: | Dates attended: |
|---------|-----------------|-----------------|

List all colleges and universities you attended:

|                      |                 |        |                 |                |
|----------------------|-----------------|--------|-----------------|----------------|
| Name of Institution: | City and State: | Major: | Dates attended: | Degree earned: |
|----------------------|-----------------|--------|-----------------|----------------|

|                      |                 |        |                 |                |
|----------------------|-----------------|--------|-----------------|----------------|
| Name of Institution: | City and State: | Major: | Dates attended: | Degree earned: |
|----------------------|-----------------|--------|-----------------|----------------|

|                      |                 |        |                 |                |
|----------------------|-----------------|--------|-----------------|----------------|
| Name of Institution: | City and State: | Major: | Dates attended: | Degree earned: |
|----------------------|-----------------|--------|-----------------|----------------|

|                                                                                                                                                              |                    |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| If you took the SAT, ACT, GRE, GMAT or similar tests, please provide information below:                                                                      |                    |             |
| Test:                                                                                                                                                        | Scores by section: | Date:       |
| Test:                                                                                                                                                        | Scores by section: | Date:       |
| Test:                                                                                                                                                        | Scores by section: | Date:       |
| Test of English as a Foreign Language (TOEFL) test results if non-native English speaker (test results must be dated within six months of application date.) | Score:             | Date taken: |
| Have you had any musical training (vocal or instrumental)?                                                                                                   |                    |             |
| Have you had any technical, profession or commercial training? Please give details.                                                                          |                    |             |
| If your native language is English, what other languages do you speak?                                                                                       |                    |             |
| Fluency?                                                                                                                                                     |                    |             |
| Have you studied Latin? If so, how many semesters?                                                                                                           |                    |             |
| Have you studied Greek? If so, how many semesters?                                                                                                           |                    |             |
| Have you studied philosophy? If so, where and how many semester hours have you accumulated?                                                                  |                    |             |
| Have you ever sought acceptance as a seminarian to any (Arch)Diocese? If so, when and where?                                                                 |                    |             |
| Have you ever sought acceptance to a religious order, congregation or society? If so, which, when and where?                                                 |                    |             |
| Have you been accepted as a student, postulant or novice of any religious organization or seminary?                                                          |                    |             |
| Have you ever bound yourself by oath, vows or promises to a religious community?                                                                             |                    |             |

Have you previously been dismissed or been asked to resign from a formation program seminary, order or community? If yes, please provide a full explanation in a separate document including information about the formation program, seminary, order or community and when this occurred.

Have you ever been dismissed from any academic institution or placed on probation, for academic or disciplinary reasons? If yes, please provide a full explanation in a separate document.

**WORK EXPERIENCE**

Most recent/current employment:

Name of Employer:

Address:

Job Title and description of duties:

Salary:

**Previous Employment**

| Job Description: | From (Month/Year): | To (Month/Year): |
|------------------|--------------------|------------------|
|                  |                    |                  |
|                  |                    |                  |
|                  |                    |                  |
|                  |                    |                  |

**REFERENCES**

List three priests and their addresses, exclusive of your Vocation Director or Spiritual Director, who would recommend you for admission into the seminary.

1.

2.

3.

**APPLICANT RELEASE FORM**

I, the undersigned, hereby express my intention to apply for admission to the program of priestly formation at Saint Vincent de Paul Regional Seminary. I give consent to the Rector of Saint Vincent de Paul Regional Seminary, the seminary Admissions Committee, or their delegates, to conduct whatever investigation is deemed necessary for the consideration of my application. I understand and agree that any and all documents, letters, written and/or oral evaluations, medical and psychological records, other materials and information obtained by the rector or his delegate or submitted by me in support of my application will be retained and used to conduct the investigation and that these documents and materials will not be returned to me.

I understand and agree that the Rector of Saint Vincent de Paul Regional Seminary or his delegate may disclose confidential information about me to the ordinary of the (arch)diocese, the rector or proper superior of any other seminary, or religious order to which I may apply if I am not accepted or choose not to participate in a program for priestly formation at Saint Vincent de Paul Regional Seminary. Likewise, I understand and agree that the Rector or his delegate may disclose confidential information about me to the ordinary of the (arch)diocese, rector or proper superior of any other seminary, or religious order to which I may apply if I subsequently discontinue for any reason in a program of priestly formation at Saint Vincent de Paul Regional Seminary.

This release will grant permission until I explicitly and in writing revoke this present authorization. I have read and understand the contents of this consent form as pertains to the Family Education and Rights to Privacy Act of 1974 (FERPA).

*Applicant's legal signature:*

*Date:*

Please return application form and supporting documentation to:

Rector's Office  
Saint Vincent de Paul Regional Seminary  
10701 S. Military Trail  
Boynton Beach, FL 33436