



Pontifical North American College
 00120 Vatican City State
 Europe

Attach
 (use paper clip)
 Two Passport
 Photos
 Here

APPLICATION FOR ADMISSION

Last Name (as on Passport)		First Name (as on Passport)			Middle Name (as on Passport)		
Diocese (for which you expect to be ordained)				Social Security Number			
Place of Birth (City / State or Province / Country)				Date of Birth (MM/DD/YY)			
Country of Citizenship	Passport Number	Place of Issue	Date of Issue (MM/DD/YY)		Date of Expiration (MM/DD/YY)		
Have you ever applied for a visa or sojournal from Italy before?			No	Yes – give details:			

To which Pontifical Roman University have you been assigned by your Diocese? (If an assignment has been made)		
<input type="checkbox"/> Pontifical Gregorian University (www.unigre.it)		
<input type="checkbox"/> Pontifical University of St. Thomas (Angelicum) (www.angelicum.org)		
<input type="checkbox"/> Pontifical University of the Holy Cross (Santa Croce) (www.pusc.it)		
Names of all seminaries you have attended?	Level	Years (YYYY-YYYY)
	<input type="checkbox"/> College	
	<input type="checkbox"/> Pre-Theology	
	<input type="checkbox"/> Theology	

Contact Information (Permanent / Enter Summer Contact Information and Travel Arrangements on separate form provided elsewhere)

Address			
City	State/Province	Country	Zip/Post Code
Phone		Summer or Personal E-mail Address	

Immediate Diocesan Supervisor (Director of Seminarians / Vocation Director / Other)

Name		Title	
Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	

Sacramental / Ritual History

Transfer of Rite

Date of Baptism (MM/DD/YY)		Place of Baptism (Parish/City/State or Province)		*Please send documentation If applicable.
Date of First Eucharist (MM/DD/YY)		Place of First Eucharist (Parish/City/State or Province)		
Date of Confirmation (MM/DD/YY)		Place of Confirmation (Parish/City/State or Province)		
Have you ever been admitted to any of the following?				
Ministry/Order	Date (MM/DD/YY)	Location (Parish/City/State or Province)		Bishop
Candidacy				
Lector				
Acolyte				
Diaconate				

Ethnic Background

(The North American College along with all U.S. seminaries is requested to report annually this information to the United States Conference of Catholic Bishops and the Center for Applied Research in the Apostolate (CARA). This information is voluntary, does not enter into admissions decisions, and will not be used for any other purpose.)

African American
 Latin American/Latino
 American Indian or Alaskan Native
 White
 Asian/Pacific Islander
 Other: Please Specify _____

Home Parish

Name of Parish		Pastor	
Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	

Family Information - Father

Father's Name (First, Middle Initial, Last)		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code
Phone	Education (Highest grade level or degree completed)	Occupation	

Family Information - Mother

Mother's Maiden Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code
Phone	Education <i>(Highest grade level or degree completed)</i>	Occupation	

Parents Marital Status

<input type="checkbox"/> Sacramental Marriage	<input type="checkbox"/> Church Annulment	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced and Remarried Civilly
<input type="checkbox"/> Widowed and Remarried	<input type="checkbox"/> Civil Marriage only	<input type="checkbox"/> Never Married to Each Other

Step-Parents *(if applicable)*

1) Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code

2) Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code

List of Siblings

Name	Year of Birth	Occupation	Marital Status	Practicing Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information

In the event of an emergency, who should the North American College contact?

Your Name <i>(First, Middle Initial, Last)</i>

Emergency Contact 1

Name <i>(First, Middle Initial, Last)</i>		Relationship to you	
Address			
City	State/Province	Country	Zip/Post Code
Home Phone	Cell Phone		Work Phone
Employer	Employer's Address		

Emergency Contact 2

Name <i>(First, Middle Initial, Last)</i>		Relationship to you	
Address			
City	State/Province	Country	Zip/Post Code
Home Phone	Cell Phone		Work Phone
Employer	Employer's Address		

Educational Background

Elementary / Middle School(s)

Dates Attended (YYYY-YYYY)	Name of Institution	City	State/Province

High School(s)

Dates Attended (YYYY-YYYY)	Name of Institution	City	State/Province

Colleges or Universities

Dates Attended (YYYY-YYYY)	Name of Institution	City	State / Province	Degree Earned

Modern Language Ability(ies)

Is English your native language? Yes No

Please list languages besides English which you use and check the boxes appropriate to your level of proficiency.

Language	Listen	Speak	Read	Write
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Philosophy And Classical Language Studies

In keeping with the requirements of Sapientia Christiana, the Roman pontifical universities require a seminarian beginning theological studies to have completed a two-year course of philosophy at an approved institution. In practice, this means that, as a minimum, the seminarian is expected to have earned at least thirty (30) credit hours covering ten (10) specific areas of philosophy. If not, he may be required to complete these studies before or concurrent with his theological studies in Rome. In addition, the universities require at least one (1) year each of Latin and Greek language study, which, depending on the university, may be dispensed if already completed.

Therefore, please complete the following form specifying the philosophy, Latin and Greek courses that you have already completed or will complete prior to the upcoming academic year. Include additional courses on a separate sheet if necessary. Please also include two (2) complete, official transcripts from all universities attended and showing the final grades for all courses listed below, as well as two (2) official copies of your high school transcripts, as these are now required for registration in the Roman universities. If completed official transcripts are not available at this time, an unofficial copy of the current transcript may be submitted with this application, but the two (2) complete, official transcripts must be submitted to the Director of Admissions at the Pontifical North American College no later than August 1, 2010. Please also note that if the course title on the transcript does not clearly indicate that it corresponds to the specific area of philosophy listed on this form, a course description taken from the university catalog or other official source must also be submitted with the transcript.

Course (Please write in the actual course title and number for each area listed below.)	Name of Institution	Number of Credits	Grade
Ancient Philosophy			
Medieval Philosophy			
Modern Philosophy			
Contemporary Philosophy			
Logic			
Ethics			
Epistemology / Philosophy of Knowledge			
Natural Theology / Philosophy of God			
Anthropology / Philosophy of the Human Person			
Metaphysics / Philosophy of Being			
Other Philosophy			
Other Philosophy			
Other Philosophy			
Other Philosophy			
Latin			
Greek			

Total Philosophy Credits _____

Total Semesters of: Latin ___ **Biblical Greek** ___

Military Service

Have you ever served in the Armed Forces? Yes No

If YES, please fill out the following and submit a copy of your discharge with the application.

Branch of Service		
Dates of Service (MM/DD/YY to MM/DD/YY)	Date of Discharge (MM/DD/YY)	Rank At Discharge
Are you presently on Active Duty?	Are you presently in the Reserves of the Armed Forces?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are presently on active duty or in the reserves please give details of your service requirements.		

Questionnaire Section

The following questions will help you articulate your personal motivation to the priesthood and will assist the Seminary Admissions Committee in evaluating your application as a seminary candidate. Please be as complete in your responses as possible. Use additional paper if necessary.

Vocation Background:

1) How old were you when you first thought of becoming a priest and who most contributed to your choice of this vocation?
2) Why have you chosen to study for the priesthood in your sponsoring diocese?
3) What do you think is the greatest contribution you personally can make as a priest?

4) What are some of the apprehensions you have about becoming a diocesan priest?

5) What are some of the duties that priests perform that you find appealing?

6) What is your understanding of obedience to the Bishop of the diocese?

7) What is your understanding of celibacy?

8) If you are not to become a priest, which other careers would you consider or have you considered?

9) What is your family's response to your decision to enter the seminary?

- 10) Have you ever been engaged? Yes No
Have you ever been married? Yes No
Have you ever attempted marriage? Yes No
Are you financially or legally responsible for any minor children? Yes No

If you have answered YES to any of these four questions, please explain fully:

11) Is there anything in your past which may cause someone to raise an objection to your being ordained to the priesthood? Yes No

If YES, please comment:

12) Have you ever attended (or ever been refused admission or acceptance into) any Seminary, (Arch)diocese, Religious Order, or Community? Yes No

If YES, please give details, including address and telephone number for contact person:

13) Have you ever been sponsored by a diocese or religious community other than your present diocese?
Yes No

If YES, please give details concerning your transfer:

14) Have you ever entered, even for a trial period, a Religious Order or Community of priests or brothers?
Yes No

Have you ever taken vows in a Religious Order or Community? Yes No

If you answered YES to either of the above, please provide details including dates and information on the Religious Order or Community:

15) Have you ever been ordained for any other Church? Yes No

If YES, please give details:

16) Have you spoken with any priest concerning your vocation to the priesthood? Yes No
A parish priest, a teacher or counselor, or other person?

If YES, please list name and role (priest, teacher, etc.):

Faith Formation Background

17) If you did not attend Catholic elementary or high school, please indicate the nature and extent of your religious education:

18) Have you been involved in voluntary service in your parish, school, community or any associations?
Yes No

If YES, please state the nature of the service, and give details of time and place:

19) List the ways in which you have been involved in your local church community: (e.g. parish, campus ministry, military base, etc.)

20) What is your response to the emerging role of laity in Church ministry?

21) Were you born into, baptized in, or raised in another Church or religious body other than the Roman Catholic Church? Yes No

Have you ever been away from the Church for a period of time? Yes No

Were you baptized as an infant? Yes No

Were you baptized as a youth or adult (i.e. not at infancy)? Yes No

If you answered YES to any of these questions please provide details – date and place and location of Baptism and Confirmation, length of time away from the Church and the circumstances of your return to the Church.

22) The Vatican Council II set the Church in a direction which would lead her into the present age. What is the most positive aspect, in your estimation, about the contemporary Church?

23) What do you think most needs to be addressed in the Church today?

24) What current social issue(s) do you find problematic and what is your opinion about it (them)?

Financial Responsibility

25) Who will be responsible for your tuition?

- 26) Are you currently in debt (over \$1,000)? Yes No
Have you ever defaulted on any loan(s)? Yes No

If you answered YES to either question please provide details:

27) How have you handled your past financial concerns?

- 28) Do you have any responsibilities for the care of someone else's finances or material goods, such as being the executor of an estate, holding a power of attorney, or acting as a surety for another person?
Yes No
Do you have anyone who is dependent financially on you? Yes No

If YES, please provide details of your responsibilities:

Health Related Questions:

- 29) Do you have any physical handicaps or limitations? Yes No

If YES, please describe:

- 30) Have you ever engaged in the use of "recreational" drugs? Yes No
 Do you currently use recreational drugs? Yes No
 Do you currently use tobacco products? Yes No
 Have you ever engaged in the use of alcohol? Yes No

If you answered YES to any of these questions please indicate frequency, circumstances, duration and intensity of this use in the past and at the present:

- 31) Have you ever been treated medically or through any self-help or professional program for alcoholism, drug addiction, overeating, gambling, or other compulsive behavior? Yes No
 Have you ever been, or are you now, under treatment for a nervous or psychological disorder? Yes No
 In regards to immediate family members (father, mother, brothers, sisters, uncles, aunts) has anyone ever been or is now under treatment for a nervous or psychological disorder? Yes No

If you answered YES to any of these questions, please give details:

- 32) Have you ever been hospitalized for more than three days continuously? Yes No
 Have you ever been involved in any serious accidents? Yes No
 Are you currently taking any prescribed medication(s)? Yes No

If you answered YES to any of these questions, please provide details (including any medication(s) you are taking at the present time and the reason(s) for the prescription):

- 33) Has it ever been suspected or have you ever been diagnosed with a learning disability? Yes No

If YES, please give details:

Social Life

34) Please list some of your hobbies and/or pastimes:

--

35) Describe your social life:

--

36) How do you think a seminarian should relate to female friends and co-workers?

--

37) Are you currently dating?

Yes No

38) Describe your understanding of masculine sexuality:

--

Employment Background:

39) List the **last three** jobs you have held and indicate why you left each position:

Job Position 1	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Job Position 2	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Job Position 3	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		

Miscellaneous Questions:

40) Have you ever been convicted of a misdemeanor, felony or major crime? Yes No

If YES, please explain:

41) Are there any other self-disclosures you would like to make in order to help the Pontifical North American College obtain a better understanding of you? Yes No

If YES, please explain:

Canonical Status:

42) The following constitute canonical impediments to ordination and could require dispensation. Please check as applicable.

- (c. 1041, 1°) Have you ever suffered from any form of incapacitating insanity or ever committed yourself to or been committed to a psychiatric facility? Yes No
- (c. 1041, 2°) Have you ever publicly abandoned the Catholic Church? Yes No
Have you publicly advocated any views contrary to the teachings of the Catholic Church? Yes No
Have you ever joined another religious body by a formal act? Yes No
- (c. 1041, 3°) Have you ever attempted a marriage (even civilly) even though you were not free to do so because of a previous marriage, a prior ordination, or a prior vow of chastity to a religious institute? Yes No
- (c. 1041, 4°) Have you ever committed voluntary homicide or ever performed a voluntary abortion or positively cooperated in the procurement of an abortion? Yes No
- (c. 1041, 5°) Have you ever mutilated yourself or another person, or have you ever attempted suicide? Yes No
- (c. 1041, 6°) Have you ever performed some act reserved to some degree of holy orders (diaconate, priesthood, episcopacy) while you lacked the order? Yes No
- (c. 1042, 1°) Are you currently bound by some marriage you contracted? Yes No

If you answered YES to any of these questions, please give details.

43) How have you given evidence of a love for the truth in your life?

44) Do you have any allergies to wheat or is there any reason why you would not be able to consume the Precious Blood? Yes No

If YES, please explain:

Signed: _____ Date: _____