

MOUNT ANGEL SEMINARY

Saint Benedict, Oregon

(503) 845-3951 (503) 845-3128 fax



**Seminarian Application For all
Diocesan & Religious Applicants**

CONFIDENTIAL

If you have any questions, please write or call us:

Admissions Office

Mount Angel Seminary St. Benedict, OR 97373

503-845-3320

admissions@mtangel.edu

Applicant

(Please enter name exactly as it appears on official documents: passport, birth certificate, etc.)

1. **Legal Name** _____
Last/Family/Sur First/Given Middle (complete) Jr, III, etc.

Preferred Name _____ Birthdate _____ Age _____

Preferred Telephone: Home Cell Home _____ Cell _____

E-mail Address _____ US Social Security Number, if any _____

Permanent Home Address
Number & Street _____ Apt #, etc. _____
City/Town _____ State/Province _____
Country _____ Zip Code _____

2. **If different from above**, please give your **current mailing address** for all admission correspondence.
(from dates _____ to _____)

Number & Street _____ Apt #, etc. _____
City/Town _____ State/Province _____
Country _____ Zip Code _____

3. **Term Applying for:** Fall Spring Year _____

Academic Program: College Pre-theology Theology

Are you enrolling into the English Communication Program? Yes No

Affiliation

4. Diocese/Religious Community _____
Vocation Director or Religious Superior _____

Demographics

Citizenship status _____ Non-US Citizenship _____

Are you a permanent resident (Green Card holder)? Yes No

Years lived in the US _____ Birthplace _____

Ethnic Identification _____

Family Background

5.	Father	Mother
	Name _____	Name _____
	Birthplace _____	Birthplace _____
	<input type="radio"/> Living <input type="radio"/> Deceased	<input type="radio"/> Living <input type="radio"/> Deceased
	If deceased:	If deceased:
	Cause of death _____	Cause of death _____
	Age at death _____	Age at death _____
	Year of death _____	Year of death _____
	If living:	If living:
	Father's address _____	Mother's address _____
_____	_____	
Telephone _____	Telephone _____	
Highest academic year completed _____	Highest academic year completed: _____	
Occupation _____	Occupation _____	
Religion _____	Religion _____	
Parents' marital status _____	_____	

6. **Siblings of Applicant:**

First name	Age	First name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **Emergency Contact:**

Name _____ Relation _____ Telephone _____

Address _____

Do you have any near relatives in the priesthood or religious life?

Yes No

If YES, please specify: _____

Canonical Status

Some conditions require special handling, require a dispensation or render a candidate ineligible for Holy Orders. These questions are meant to help determine if any of these apply.

8. **Mental Health.** Have you ever been considered mentally disabled or mentally incompetent?

Yes No

If YES, please comment below.

9. Have you ever committed yourself or been committed to a **psychiatric hospital or mental health treatment facility?**

Yes No

If YES, please comment below.

10. Have you ever been involved in a **chemical dependency or substance abuse program?**

Yes No

If YES, list where and when, and comment below.

11. Have you ever been in a **treatment program for abuse** of any kind?

Yes No

If YES, list where and when, and comment below.

12. Have you had **any kind of counseling?**

Yes No

If YES, please give details and diagnosis.

13. Have you ever publicly advocated any **views contrary to the teaching of the Catholic Church**?
 Yes No
If YES, please comment below.

14. Have you ever been **excommunicated**?
 Yes No
If YES, please comment below.

15. **Apostasy, heresy or schism.** Have you ever publicly abandoned the Catholic Church by registering membership in another religion or denomination?
 Yes No
If YES, please comment below.

16. Have you ever belonged to a **Church or religious body other than the Catholic Church**?
 Yes No
If YES please answer the following:
What was your previous denomination or religion? _____
Entry into the Catholic Church
Date _____ Place (Name of Parish) _____
Did you participate in R.C.I.A.? Yes No

17. Do either of your **parents** belong to an **Oriental Rite of the Church**?
 Mother Father Both Neither

18. **Existing bond.** Have you ever been married (in a church, civilly or by common law)?
 Yes No
If YES, please answer the following?
Name of Spouse _____
Date Married _____ Location _____
Before whom (justice of the peace, priest, minister, etc.)? _____
Is your former spouse(s) deceased? Yes No
If YES, date of death: _____
Have you received a civil divorce? Yes No
Grounds _____
Have you received a church annulment? Yes No
If YES, please specify:
Diocese _____ Date of annulment _____ Protocol # _____

19. Have you ever attempted **suicide**?
 Yes No
If YES, please comment below.

20. Have you ever been involved in the **voluntary taking of another human life**?
(Assisted in an abortion by performing it, paying for it, transporting the mother, providing abortifacient medication or encouraging the subject to have an abortion? Assisted someone in committing suicide?)
 Yes No
If YES, please comment below.

21. Have you ever been involved in **self-mutilation or the mutilation of another**?
 Yes No
If YES, please comment below.

22. Have you **ever impersonated a deacon, priest or bishop**?
 Yes No
If YES, please comment below.

Previous Affiliation

23. Prior to this time, have you **ever been accepted by any other diocese, religious community or secular institute**?
 Yes No
If YES, please list:
Name of diocese, etc. Dates of entering and leaving Level at time of leaving

**Please request a letter of recommendation from your former superior or vocation director.
Have it sent directly to Mount Angel's President Rector.**

24. Did you leave **voluntarily** or were you **asked to leave**?
 left voluntarily asked to leave
Please explain (If you need more space please include on a separate sheet):

25. Have you ever bound yourself by **oaths, vows or promises** in a religious organization?
 Yes No
If YES, specify community, order, etc. _____
Date _____ Temporary or perpetual? _____
What is the present status of those oaths, vows or promises?

26. Have you ever made **private vows**?
 Yes No
If YES, please comment below.

Previous Seminary Experience

27. Have you ever **applied to and not been accepted by any seminary**? Yes No
If YES, please list:
Name and address of seminary _____ Date of application _____

28. Have you ever **previously attended a seminary**?

Yes No

If YES, please answer:

Please request a letter of recommendation from your former rector. Have it sent directly to Mount Angel's President Rector.

Name of Seminary, etc. Dates of entering and leaving _____ Level at time of leaving _____

Did you **finish** your courses at this seminary?

Yes No

If NO, did you leave **voluntarily** or were you **asked to leave**?

left voluntarily asked to leave

Please explain (if you need more space please include on a separate sheet):

29. Have you been installed in the **ministry of lector or of acolyte** or have you received **candidacy**?

Yes No

If YES, please indicate place, date of installation, and installing ordinary where necessary

Reader _____

Acolyte _____

Candidacy _____

Legal Status

30. Have you ever been **arrested**? Yes No

If YES, what were the charges? _____

Place and date of arrest _____

City _____ County _____ Country _____

Age at time of arrest _____ Disposition _____

31. Have you ever been found guilty or entered a plea of no contest or guilty to any **criminal charge**?

Yes No

If YES, explain fully. (Attach additional page(s) if necessary)

Religious Background

32. **Family Parish** _____
Address _____ City/Town _____
State/Province _____ Country _____ Zip Code _____
Pastor _____ (Arch)Diocese _____

33. **Current Parish** _____
Address _____ City/Town _____
State/Province _____ Country _____ Zip Code _____
Pastor _____ (Arch)Diocese _____

34. Please list your **formal Religious Education** below.
(Catechism classes, CCD, Home School, School courses, etc.)

35. Indicate the **usual religious practices in your home** while growing up.

36. **Faith Life:**

How often do you attend Mass? _____

How often do you receive the Sacrament of Reconciliation? _____

Do you have a regular confessor? Yes No

Do you have a spiritual director? Yes No

What spiritual activity or prayer form is most rewarding for you?

Educational History

37. *Official Transcripts from Secondary and Post-Secondary Schools must be submitted with application.*

Secondary school

Current or most recently attended secondary school _____

Graduation Date _____ School type: Public Charter Religious Home school

Address _____ City/Town _____

State/Province _____ Country _____ Zip Code _____

38. **Colleges & Universities**

List the colleges/universities you have attended:

College/University	Location	Dates attended	Degree? <input type="radio"/> Y <input type="radio"/> N	Degree earned
_____	_____	_____	<input type="radio"/> Y <input type="radio"/> N	_____
_____	_____	_____	<input type="radio"/> Y <input type="radio"/> N	_____
_____	_____	_____	<input type="radio"/> Y <input type="radio"/> N	_____
_____	_____	_____	<input type="radio"/> Y <input type="radio"/> N	_____

39. List your **extracurricular activities** (social, athletic, etc.)

40. List any **honors and awards**.

41. In which skills or areas of education do you have **special training or qualifications**?

Military Service

42. Have you **registered for the US Selective Service**? Yes No
(For more information visit, <http://www.sss.gov/>)

43. Have you **served in the military**? Yes No
 Branch of service _____ Date of enlistment _____
 Rank at discharge or retirement _____ Date _____
 Type of discharge or retirement _____
 Combat (type, location, etc.) _____
 Technical Training _____
 Reserve status _____

Health and Lifestyle

44. Do you **smoke**? Yes No If YES, what? How often? _____
45. Do you drink **alcoholic beverages**? Yes No
 If YES, what do you usually drink? _____
- How would you classify your drinking light moderate social heavy
46. Has your physical activity been restricted during the past five years? Yes No
 Have you had difficulty with school, studies, teachers? Yes No
 Have you received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem? Yes No
 Have you had any illness/injury or been hospitalized other than already noted? Yes No
 Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years (other than routine check ups)? Yes No
 Have you been rejected for or discharged from military service because of physical, emotional, or other reasons? Yes No
 Do you have any question in regard to your health, family history, or other matters which you would like to discuss? Yes No
 Have you ever used any illegal drugs or substances? Yes No
 Have you ever used intravenous or ingestible drugs? Yes No
 Have you had sexual contact with anyone within the past three years, outside of marriage? Yes No
47. If you answered "YES" to any of the above, please explain...
48. Describe the type and frequency of **physical exercise** you engage in.
49. What **hobbies** do you have?
50. What do you do **for relaxation**?

Work Experience

51. Concerning **your present or most recent full-time or part-time employment:**

Name of employer _____

Address _____ City/Town _____

State/Province _____ Country _____ Zip Code _____

Job title _____

Duration _____

Describe duties in some detail

Reason for leaving _____

What did you **like most** about this work?

What did you **like the least**?

52. List the **past four paid positions** you have held:

Employer	Duties	Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

53. **Volunteer Work.** List and describe any volunteer work you have done.

54. Have you ever been **fired from a job**? Yes No
If YES, please explain.

Do you belong to any **professional organizations**? Yes No
If YES, what organizations _____

Pastoral Ministry Experience

55. **List and describe any parish ministries** you have been involved in, e.g. catechist, lector, ministry to the sick. Also include place of ministry, and time you spent in that ministry

56. In what ways has your **involvement in parish ministry affected you as a disciple of Jesus**?

Financial Status

57. What, if any, is your present salary?
 Weekly \$ _____ Monthly \$ _____ Yearly \$ _____
58. Do you have a guaranteed income? Yes No
 If YES, please indicate the source and the amount.
- | | |
|--------------------------------|----------|
| Retirement benefits _____ | \$ _____ |
| Disability benefits _____ | \$ _____ |
| Summer employment _____ | \$ _____ |
| Income from investments _____ | \$ _____ |
| Social Security benefits _____ | \$ _____ |
| Other (describe) _____ | \$ _____ |
59. Do you have assets that would take time to manage? Yes No
60. **Indebtedness**
 Are you **currently in debt** (e.g., with credit cards, bank loans or personal loans)? Yes No
 If YES, please indicate to whom you are indebted, and the amount of your debt(s)?
- | | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
61. Have you **incurred student loans**? Yes No
- | | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
62. **Seminarian's Personal Expenses** . A seminarian is expected to be responsible for such expenses as books, clothing, toiletries, entertainment, and (if he has a car) auto insurance, gas & maintenance.
 Do you anticipate that you will be **able to cover such personal expenses**? Yes No
63. If you plan to **receive assistance** in meeting your **personal expenses** during the school year, please indicate from whom the support will come and amount of support you expect to receive:
- | | |
|-------------------------------|----------|
| Family/friends _____ | \$ _____ |
| Assistance from Diocese _____ | \$ _____ |
| Loans _____ | \$ _____ |
| Grants _____ | \$ _____ |
| G.I. Bill _____ | \$ _____ |
| Your Parish _____ | \$ _____ |
| Knights of Columbus _____ | \$ _____ |
| (Name and Council #) _____ | |
| Other (describe) _____ | \$ _____ |

Personal Information

64. What type of **books do you prefer reading**?
65. Give **two or three titles of books** you have recently read.
66. What **periodicals** do you read regularly?

67. Describe your **use of the Internet**?
68. How much time do you spend per day **on social networking sites** (Facebook, twitter, etc.)?
69. How much time do you spend per day on **online video games**?
70. How much time do you spend per day playing **console and/or portable video games**?
71. What **neighborhood, civil, social or service organizations** do you belong to?
72. Have you exercised any type of **leadership** in any of your free-time activities? Yes No
If YES, describe.

73. Have you dated? Yes No
How old were you when you had **your first date**? _____
Have you ever **“gone steady”** with anyone? Yes No
Have you been **engaged**? Yes No

74. Do you **have children**? Yes No
If YES:
- | First name | Age | First name | Age |
|------------|-------|------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What is your **responsibility toward these children**?

75. Do you have a **relative or other person dependent upon you financially**? Yes No
If YES, explain.

Vocational Goals and Attitudes

76. How old were you when you **first thought of becoming a priest**? Explain.
77. **Who contributed most** to your choice to pursue this vocation? Explain.
78. Do your parents and other **family members approve** of your studying for the priesthood? Explain.

79. What **skills, aptitudes and experiences** do you have which may be valuable in your ministry as a priest?
80. What motivated you to apply to **your diocese or religious order**?
81. Assuming you are ordained, **what kind of assignment** would you prefer?
82. If you were not to become a priest, **what other careers** would you consider?
83. **Comment on the following:**
a. Living a **celibate life**

b. Sharing ministerial responsibilities with **lay people**

c. **Women in ministry**

d. Ministering in a **multi-cultural church**
84. What **apprehensions** do you have about your decision to be a diocesan priest or a member of a religious community?
85. What are the **duties which priests (religious) perform that you find appealing?**

References

Please provide the names and addresses of those from whom you have sought references.
Questionnaire Concerning Prospective Candidate for the Priesthood must be completed by each of the references and returned to Mount Angel Seminary's Admissions office.

If you have ever been accepted by another seminary, religious community or diocese, you must supply the name, current address and telephone number of your former vocation director or seminary rector. An application will not be considered without this information.

Pastor or Priest acquaintance

Name _____
Address _____
City _____ State _____ Country _____
Zip _____ Telephone _____

School Official/Teacher/Employer

Name _____
Address _____
City _____ State _____ Country _____
Zip _____ Telephone _____

Other acquaintance

Name _____
Address _____
City _____ State _____ Country _____
Zip _____ Telephone _____

If Necessary: Former Vocation Director or Rector

Name _____
Address _____
City _____ State _____ Country _____
Zip _____ Telephone _____

[Note: This page must be printed out, signed by hand,
and mailed directly to the Admissions Office]

Attestation of Truthfulness

I attest that all the information contained in this application form and pertinent to any information provided as part of the application process is true and complete to the best of my knowledge.

I recognize that the information requested is provided in confidence and becomes the property of Mount Angel Seminary.

I understand that the decision for me to be accepted or not to be accepted for study in the seminary will be made at the discretion of the Seminary Admissions Board and that there is no obligation on their part to report to me the reasoning behind any or all decisions regarding this application.

Applicant's Signature

Date

[Note: This page must be printed out, signed by hand,
and mailed directly to the Admissions Office]

Release of Information

**Mount Angel Seminary
St. Benedict, Oregon 97373**

It is the policy at Mount Angel Seminary that all information regarding students is held in the strictest confidence by those with approved access. It is the responsibility of the President-Rector to maintain that confidence and to personally permit the release of any information as allowed through this signed form, and only then to those persons authorized below.

I, the undersigned, in light of the above guarantee, hereby grant the release of pertinent information which is or will be an official part of my personal files at Mount Angel Seminary to the following:

My Ordinary or Religious Superior and Vocation Directors
The Seminary Admissions Board and Formation Faculty
The Seminary Psychological Consultants
My Spiritual Director
Other Ecclesiastical Authority with the need to know, as determined by the Seminary

Information from my file may not be released to any other party without my written consent.

Applicant's Signature

Date

Language and Cultural Background

(for all candidates)

1. Please check all the languages that you know/speak

- Spanish Vietnamese Filipino Korean Japanese
 Italian French Chinese Italian
Others _____

2. What is your primary language (Choose one, If you choose "English" then skip to Question 10)

- English Spanish Vietnamese Japanese Filipino
 Other _____

3. Where did you learn your primary language?

(Choose all answers that best describe your situation)

- At home At school
 Other _____

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

- Elementary School (grades 1-5) Middle School (grades 6-8)
 9th grade 10th grade
 11th grade 12th grade
 Other: _____

5. The English language is your...

- Second language Third language
 Fourth language Fifth language Other _____

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

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

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

9. During the years that you lived/have lived in an English-speaking country, what percentage of the time did/do you speak English? (Choose one)

- All of the time Most of the time Half of the time Some of the time

10. In what country were you born? _____

11. In what countries have you resided for at least six months?

12. What terms do you use to describe your ethnic/racial background?

13. What country do you call home? _____

14. List any learning disabilities (e.g. dyslexia, ADHD)
