



**Notre Dame Seminary  
Graduate School of Theology  
Priestly Formation Program**

**Application Form**

# Notre Dame Seminary Priestly Formation Program Application Form



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

**PLEASE TYPE OR PRINT CLEARLY IN INK ALL INFORMATION**

- Please complete all of the sections on this application.
- If you have any questions, call the Rector's Office (504) 866-7426 ext. 102.
- Return completed application form along with the application fee to the Rector's Office, Notre Dame Seminary, 2901 South Carrollton Avenue, New Orleans, LA 70118-4391.
- Request that **official transcripts** from the college(s) attended be sent directly to our Registrar's office. Transcripts become the permanent property of Notre Dame Seminary and cannot be returned.

**Name:** \_\_\_\_\_  
*Last, First, Middle*

**Home Address:** \_\_\_\_\_  
*Street Address (with Apt. No., if applicable) City, State, Zip Code*

**Mailing Address:** *If different than home address.* \_\_\_\_\_  
*P.O. Box or Street Address (with Apt. No., if applicable) City, State, Zip Code*

**Telephone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
*Month/Date/Year City/State or City/Country*

**Do you have a valid Passport?**  Yes  No **Passport Number:** \_\_\_\_\_  
*If you do not have a valid passport, you should apply for one as you will need a passport to go on the mission trip in T1.*

**Sponsoring Diocese or Religious Community:** \_\_\_\_\_

**Level of entrance to NDS:** *Select one.*  
 Propaedeutic  Pre-Theo 1  Pre-Theo 2  1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year

## UNITED STATES CITIZENSHIP

**Are you a United States Citizen?**  
 Yes *(If Yes, go to Race or Ethnic Group the top of pg. 3)*  
 No *If No, what is your country of origin?* \_\_\_\_\_

**Test of English as a Foreign Language (TOEFL) test results if non-native English speaker (Please include test results which must be dated within six months of application date.)**

Score: \_\_\_\_\_ Date of Test: \_\_\_\_\_

**Do you have a U.S. Visa?**  Yes  No **If yes, what type?** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
*Month/Day/Year*

**Indicate Status**  Non-Immigrant  Permanent Resident

**Alien Registration Number: A** \_\_\_\_\_ **Date Status Received:** \_\_\_\_\_  
*Month/Day/Year*

**Are you transferring from another U.S. college or university?**  Yes  No

If yes, from what institution? \_\_\_\_\_

**Please note: A Form I-20 cannot be issued until all supporting documents have been received and you have been admitted to Notre Dame Seminary.**

## RACE OR ETHNIC GROUP

Please check the appropriate box (*Federal reporting regulations for student enrollment and institutional analysis require the collection of race/ethnic information.*):

### ETHNICITY – USED FOR STATISTICAL PURPOSES ONLY

**ARE YOU SPANISH/HISPANIC/LATINO?** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.  Yes  No

**RACE – PLEASE IDENTIFY YOUR RACE FROM ONE OR MORE OF THE FOLLOWING CATEGORIES (YOU MAY ELECT TO SKIP THIS SELECTION OF YOU ANSWERED “YES” ABOVE):**

**AMERICAN INDIAN OR ALASKAN NATIVE (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**ASIAN (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**BLACK OR AFRICAN AMERICAN (not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa, including those who consider themselves “Haitian.”

**NATIVE HAWAIIAN OR PACIFIC ISLANDER (not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**NON-RESIDENT ALIEN** – A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.

Indicate country of permanent residence if non-resident alien: \_\_\_\_\_

**TWO OR MORE RACES (PLEASE LIST):** \_\_\_\_\_

## EDUCATION

**Have you ever been refused admission to a college or a college-level seminary?**  Yes  No

*If yes, explain briefly:*

---

---

**Have you been in seminary before?**  Yes  No

*If yes, explain briefly:*

---

---

**Have you ever been dismissed from a seminary?**  Yes  No *If yes, explain on a separate sheet.*

**Elementary School(s) Attended:**

<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If you did not attend Catholic schools, please indicate where you attended religious education.**

\_\_\_\_\_  
*Name of School, City and State*

**High School(s) Attended:**

<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>

**Year of High School Graduation** \_\_\_\_\_

**If you did not attend Catholic schools, please indicate where you attended religious education.**

\_\_\_\_\_  
*Name of School, City and State*

**College(s)/University(ies) Attended:**

<i>Name of College</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of College</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of College</i>	<i>City and State</i>	<i>Dates Attended</i>

Year of College Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Year Graduate Degree Received: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Post - Graduate Degrees: \_\_\_\_\_

**What was your grade-point average in college?** \_\_\_\_\_

**Please indicate if you studied any of the following languages and for how long?**

Latin \_\_\_\_\_  Greek \_\_\_\_\_  Hebrew \_\_\_\_\_

**Please list any other languages you speak or have studied:** \_\_\_\_\_

**Have you been diagnosed with a learning disability?**  Yes  No  I prefer not to say.

If yes, please list your disability.  
\_\_\_\_\_

**FINANCIAL INFORMATION**

**Do you have any loans outstanding from your college education?**  Yes  No

**If yes, are you currently repaying these loans?**  Yes  No

**Are you in debt?**  Yes  No *If yes, briefly explain how you are addressing the debt.*

\_\_\_\_\_  
\_\_\_\_\_

## MILITARY SERVICE

Were you ever in the U.S. Military Service?  Yes  No

*If yes, please give specific information on a separate sheet of paper.*

Are you registered for Selective Service?  Yes  No

*If yes, please give specific information on a separate sheet of paper.*

Are you currently in the reserves?  Yes  No

## SACRAMENTAL / CANONICAL INFORMATION

Baptism: \_\_\_\_\_  
Name of Church City, State Date of Baptism

Religion of Baptism: \_\_\_\_\_ If Catholic:  Roman  Eastern (Specify): \_\_\_\_\_

Have you ever belonged to a church other than the Catholic Church?  Yes  No

If so, which church and when? \_\_\_\_\_

If you came into full communion, in what parish were you fully received into the Roman Catholic faith?

Name of Parish: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation: \_\_\_\_\_  
Name of Church City, State Date of Confirmation

Have you ever been married?  Yes *If yes, how many times?* \_\_\_\_\_  No *If no, go to "Family Information" section.*

Wife's/Wives' Name(s): \_\_\_\_\_  
First / Middle / Maiden

*On a separate sheet of paper, please provide: the name of the Church or place of marriage, the city and state in which the marriage took place, proof that the marriage no longer exists (i.e., death certificate, declaration of nullity, etc.)*

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Living?  Yes  No  
Last, First, Middle

Father's Religion: \_\_\_\_\_ If Catholic:  Roman  Eastern (Specify): \_\_\_\_\_

Father's Address: \_\_\_\_\_  
Street City/State/Zip

Mother's Name: \_\_\_\_\_ Living?  Yes  No  
Last, First, Middle, Maiden

Mother's Religion: \_\_\_\_\_ If Catholic:  Roman  Eastern (Specify): \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
Street City/State/Zip

## **FAMILY BACKGROUND**

**Please list your sibling(s), including their age, school or occupation, living at home/marital status:**

*If more space is needed, please use a separate sheet of paper.*

<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Living at home/Marital Status</i>
<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Living at home/Marital Status</i>
<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Living at home/Marital Status</i>
<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Living at home/Marital Status</i>
<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Living at home/Marital Status</i>

**Do you have any close relatives in the priesthood, diaconate or religious life?**  Yes  No

**If yes, please list:**

---

## **LIFESTYLE / BACKGROUND**

**Have you ever been unable to participate in physical education or participate in sports because of your health?**

Yes  No **If yes, please explain:** \_\_\_\_\_

**Do you exercise?**  Yes  No **If yes, how often?** \_\_\_\_\_

**Do you smoke cigarettes?**  Yes  No **If yes, how much?** \_\_\_\_\_

**Do you drink alcoholic beverages?**  Yes  No **If yes, how much/often?** \_\_\_\_\_

**Have you ever used illegal drugs of any kind?**  Yes  No

**If yes, what illegal drugs have you used?** \_\_\_\_\_

**How often?** \_\_\_\_\_ **When was the last time you used?** \_\_\_\_\_

**If there is any history in your family of mental illness, alcoholism or drug addiction, please explain:** \_\_\_\_\_

---

**Have you had alcohol or drug abuse treatment?**  Yes  No **If yes, please explain:** \_\_\_\_\_

---

**Have you had any psychological testing other than for entrance into seminary?**  Yes  No *If yes, please explain.*

---

Have you had any kind of psychological counseling?  Yes  No

If yes, please explain. Did (Do) you require medication as a result? \_\_\_\_\_

Have you been diagnosed with any emotional conditions?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, please explain: \_\_\_\_\_

### **PREVIOUS WORK EXPERIENCE**

Job Description (be specific)

Dates worked month/year to month/year

Job Description (be specific)

Dates worked month/year to month/year

Job Description (be specific)

Dates worked month/year to month/year

### **CERTIFICATION**

**IMPORTANT: Read statement and sign below.** *Once completed, save, print, and sign before submitting paper forms.*

I affirm that the information which I have provided on this application form and any additional material that I submit related to the admissions process is complete, accurate, and true to the best of my knowledge. I agree to submit other materials which are required for this admission application. I understand that furnishing false or incomplete information on any part of this admission application or any related materials may result in cancellation of admission.

\_\_\_\_\_  
*Applicant's Legal Signature*

\_\_\_\_\_  
*Date*

***Please submit all application documents (except transcripts) to:***

**Rector's Office  
Notre Dame Seminary  
2901 South Carrollton Avenue  
New Orleans, LA 70118-4391**

***Please send official transcripts from all previous institutions directly to:***

**Registrar's Office  
Notre Dame Seminary  
2901 South Carrollton Avenue  
New Orleans, LA 70118-4391**