



**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 the completed and signed application form 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: Propaedeutic Discipleship 1 Discipleship 2
 Configuration 1 Configuration 2 Configuration 3 Configuration 4

UNITED STATES CITIZENSHIP

Are you a United States Citizen?
 Yes (If Yes, go to Race or Ethnic Group at 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 school? _____

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 IF 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.

Country of Permanent Residence _____

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:

Name of School City and State Dates Attended

Name of School City and State Dates Attended

Name of School City and State Dates Attended

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 the "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, and 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.

Name	Age	School/Occupation	Living at home/Marital Status

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? Yes No

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 the statement and sign below.

I affirm that the information that 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 the 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**