



*Pontifical North American College*  
 00120 Vatican City State  
 Europe

**2021-2022 ACADEMIC YEAR  
 APPLICATION FOR ADMISSION**

**Attach  
 (use paper clip)  
 Two Passport  
 Photos  
 Here**

|   |                 |                             |                          |                               |  |
|---|-----------------|-----------------------------|--------------------------|-------------------------------|--|
| 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 <i>soggiorno</i> 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 ( <a href="http://www.unigre.it">www.unigre.it</a> )                           |                                       |                   |
| <input type="checkbox"/> Pontifical University of Saint Thomas (Angelicum) ( <a href="http://www.angelicum.org">www.angelicum.org</a> ) |                                       |                   |
| <input type="checkbox"/> Pontifical University of the Holy Cross (Santa Croce) ( <a href="http://www.pusc.it">www.pusc.it</a> )         |                                       |                   |
| 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 Address)

|         |                |                         |               |
|---------|----------------|-------------------------|---------------|
| Address |                |                         |               |
|         |                |                         |               |
| City    | State/Province | Country                 | Zip/Post Code |
| Phone   |                | 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**

|  |  |  |        |
|--|--|--|--------|
| Date of Baptism (MM/DD/YY)                           | Place of Baptism (Parish/City/State or Province)         | *Please send documentation<br>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)    | Confirmed by                                 |        |
| 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  |  |  |        |

**Transfer of Rite**

**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 <i>(First, Middle Initial, Last)</i> |  | Religion   | Living or Deceased?<br><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 |  |

**Family Information - Mother**

|   |  |            |  |
|---|--|------------|--|
| Mother's Maiden Name <i>(First, Middle Initial, Last)</i> |  | Religion   | Living or Deceased?<br><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    |

**Stepparents *(if applicable)***

|  |                |          |  |
|--|----------------|----------|--|
| 1) Name <i>(First, Middle Initial, Last)</i> |                | Religion | Living or Deceased?<br><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?<br><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) – Include Three (3) OFFICIAL TRANSCRIPTS for FINAL school listed.**

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

### **Colleges or Universities - Include Three (3) OFFICIAL TRANSCRIPTS for EVERY school listed.**

| 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, including political 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 three (3) complete, official transcripts from all universities attended and showing the final grades for all courses listed below, as well as three (3) 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 three (3) complete, official transcripts must be submitted to the Director of Admissions at the Pontifical North American College no later than August 1, 2021. 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.**

| <b>Course</b> (Please write in the actual course title and number for each area listed below.) | <b>Name of Institution</b> | <b>Number of Credits</b> | <b>Grade</b> |
|--|----------------------------|--------------------------|--------------|
| 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  |                            |                          |              |
| Political Philosophy   |                            |                          |              |
| Other Philosophy   |                            |                          |              |
| Other Philosophy   |                            |                          |              |
| Other Philosophy   |                            |                          |              |
| Latin  |                            |                          |              |
| Greek  |                            |                          |              |

**Total Philosophy Credits \_\_\_\_\_ Total Semesters of: Latin \_\_\_ Biblical Greek \_\_\_**

**\*\*Please note that all of the Pontifical Universities require the completion of Political Philosophy. All philosophy requirements should be fulfilled prior to arriving at the Pontifical North American College, either at the seminary or through an online program.\*\***

### **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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No             | Are you presently in the Reserves of the Armed Forces?<br><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. |  |                   |

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:

|  |
|--|
|  |
|--|

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:

|  |
|--|
|  |
|--|

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

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

|  |
|--|
|  |
|--|



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:

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:

Have you ever been ordained for any other Church or ecclesial communion?  Yes  No

If YES, please give details:

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.

### **Financial Responsibility**

Who will be responsible for your tuition?

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 and distinguish between consumer debt and educational debt:

How have you handled your past financial concerns?

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:**

Do you have any physical handicaps or limitations? Yes No

If YES, please describe:

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:

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

Regarding 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:

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):

Has it ever been suspected or have you ever been diagnosed with a learning disability, ADD/ADHD or Asperger's Syndrome? Yes No

If YES, please give details:

Do you have a tattoo(s) and or other artificial body markings? Yes No

If YES, please describe number, type, location and content:

**Employment Background:**

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:**

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

If YES, please explain:

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.

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:

## 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 do not exceed the space provided.

### 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) Describe the certitude you have in your vocation to the priesthood at this moment in your formation?

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

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

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

8) What is your understanding of celibacy?

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

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

***Faith Formation Background***

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

12) 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:

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

14) 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?

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

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

### **Social Life**

17) Please list some of your hobbies and/or pastimes, and describe your social life:

18) Please describe your use of the internet and social media. You are asked to include the following [your use of social media accounts; listing the social media sites in which you have an active account; the amount of time you spend per week on social media and other internet-based sites, i.e. YouTube, Netflix, etc.]:



19) Please list any skills, talents or proficiency you may have as well as any special duties you may have had at your previous seminary:

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

21) Are you currently dating?

Yes  No

22) Describe your understanding of masculine sexuality:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_