

# ***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](mailto: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.	<b>Father</b>	<b>Mother</b>
	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.



## 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.**

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Applicant's Signature

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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

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

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Applicant's Signature

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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)  
\_\_\_\_\_