

# *MOUNT ANGEL SEMINARY*

Saint Benedict, Oregon

(503) 845-3951

(503) 845-3128 fax



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

**CONFIDENTIAL**

**Applicant**  
**Please attach**  
**Recent photo**  
**Here**

**Name** \_\_\_\_\_

**Diocese/Religious Community** \_\_\_\_\_

**Vocation director or Religious Superior** \_\_\_\_\_

Current mailing address:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone # \_\_\_\_\_

**Date of application** \_\_\_\_\_

If you have any questions, please write or call us  
Admissions Office  
Mount Angel Seminary  
St. Benedict, OR 97373  
503-845-3320  
[Ralph.Recker@mtangel.edu](mailto:Ralph.Recker@mtangel.edu)

<b>REQUIRED DOCUMENTATION FOR ADMISSION TO MOUNT ANGEL SEMINARY</b>	Check Box
<b>Mount Angel Seminary application packet.</b> Only an official Mount Angel Seminary application packet will be accepted.	<input type="checkbox"/>
<b>Letter of endorsement from diocese or religious community.</b>	<input type="checkbox"/>
<b>Official transcripts of all secondary and post-secondary schools attended.</b> Copies will not be accepted. Applicants should request two sets of official transcripts in sealed envelopes (one set for the diocese/religious community, the other for the seminary.)	<input type="checkbox"/>
<b>Three recommendations using the questionnaire form provided in this packet.</b> (Attachment A)	<input type="checkbox"/>
<b>Mount Angel Seminary student health form (no other form will be accepted).</b> (Attachment B)	<input type="checkbox"/>
<b>Professional psychological assessment following <i>Mount Angel Seminary's Recommended Dimensions for Psychological Assessment</i>.</b> (Attachment C)	<input type="checkbox"/>
<b>Certificates of Baptism and Confirmation.</b>	<input type="checkbox"/>
<b>An autobiography (not to exceed 10 pages) describing:</b> <ul style="list-style-type: none"> <li>• Chronological history of life of applicant</li> <li>• Relationships with the applicant's family and other significant people in his life, including romantic involvements.</li> <li>• School achievement.</li> <li>• Social life.</li> <li>• Faith &amp; prayer life with a description of the applicant's discernment process.</li> <li>• Work experience.</li> <li>• Reasons why the applicant is applying to Mount Angel Seminary.</li> </ul>	<input type="checkbox"/>
<b>A recent photograph of the applicant affixed to the application packet.</b>	<input type="checkbox"/>

Once all the above required documentation is received, the applicant will be scheduled for an on-site interview with the Admissions Board. At this time the applicant is an official candidate and will be assessed for admissions to Mount Angel Seminary.

<b>Criminal background check (This will be done by the seminary at the time of the interview).</b>	<input type="checkbox"/>
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## 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 (        ) \_\_\_\_\_

# Application

Please print clearly all information.

1. Family name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(as printed on passport or birth certificate)
2. Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Ethnic identification \_\_\_\_\_
4. Social Security Number \_\_\_\_\_

## Family Background

- |                                  |                                  |
|----------------------------------|----------------------------------|
| 5. Father                        | Mother                           |
| Name _____                       | Name _____                       |
| Birthplace _____                 | Birthplace _____                 |
| ___ Living     ___ Deceased      | ___ Living     ___ Deceased      |
| If deceased                      | If deceased                      |
| Cause of death _____             | Cause of death _____             |
| Age at death _____               | Age at death _____               |
| Year of death _____              | Year of death _____              |
| <br>                             | <br>                             |
| If living, father's address      | If living, mother's address      |
| _____                            | _____                            |
| _____                            | _____                            |
| Telephone (     ) _____          | Telephone (     ) _____          |
| Highest academic year completed: | Highest academic year completed: |
| _____                            | _____                            |
| Occupation _____                 | Occupation _____                 |
| Religion _____                   | Religion _____                   |
| Parents' marital status _____    |                                  |

6. Brothers and sisters of applicant

First name

Age

First name

Age

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7. Name and address of person to be notified in case of emergency:

Relation \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

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### 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.**

9. Mental Health. Have you ever been considered mentally disabled or mentally incompetent?  
\_\_\_Yes \_\_\_No. If YES, please comment below.

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10. Have you ever committed yourself or been committed to a psychiatric hospital or mental health treatment facility? \_\_\_Yes \_\_\_No. If YES, please comment below.

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

If yes, list where and when.

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

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13. Have you had any kind of counseling?  If yes, please give details and diagnosis.

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

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

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16. Apostasy, heresy or schism. Have you ever publicly abandoned the Catholic Church by registering membership in another religion or denomination.  Yes  No

17. Have you ever belonged to a Church or religious body other than the Catholic Church?  
 Yes  No

If so, what denomination? \_\_\_\_\_

Date and place of entry into the Catholic Church \_\_\_\_\_

Did you participate in R.C.I.A.?  Yes  No

18. Does either of your parents belong to an Oriental Rite of the Church?

Father \_\_\_\_\_ Mother \_\_\_\_\_

19. Existing bond. Have you ever been married (in a church, civilly or by common law)?

Yes  No

If YES, please answer the following?

To whom? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

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 # \_\_\_\_\_

Previous experiences in religious community or seminary:

20. Have you ever bound yourself by oaths, vows or promises in a religious organization?  
 Yes  No

If yes, specify organization \_\_\_\_\_

Date \_\_\_\_\_ Were they temporary or perpetual?

What is the present status of those oaths, vows or promises? \_\_\_\_\_

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

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

22. 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, community, institute	Dates of entering and leaving	Level at time of leaving
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\_\_\_\_\_  
\_\_\_\_\_

23. Did you leave the seminary, diocese, religious community or secular institute of your own accord or were you asked to leave?  left voluntarily  asked to leave

Please explain (include separate sheet if necessary). \_\_\_\_\_

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

24. Have you ever applied to and not been accepted by any seminary, diocese, religious community or secular institute?  Yes  No

If yes, please list:

Name and address of seminary, diocese, community, institute	Date of application
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\_\_\_\_\_  
\_\_\_\_\_

If no, please explain (include separate sheet if necessary).

\_\_\_\_\_

25. While sponsored by another diocese or religious community, were you installed in the ministry of lector (reader) or of acolyte, or did you receive candidacy?  
\_\_\_Yes \_\_\_No

If yes, please indicate place, date of installation, and installing ordinary.

Reader \_\_\_\_\_

Acolyte \_\_\_\_\_

Candidacy \_\_\_\_\_

26. Have you ever attempted suicide? \_\_\_Yes \_\_\_No. If YES, please comment below.

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

27. 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 subject, providing abortifacient medication or encouraging the subject to have an abortion? Assisted someone in committing suicide?) \_\_\_Yes \_\_\_No. If YES, please comment below.

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

28. Have you ever been involved in self-mutilation or the mutilation of another? \_\_\_Yes \_\_\_No.  
If YES, please comment below.

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

29. Have you ever impersonated a deacon, priest or bishop? \_\_\_Yes \_\_\_No.  
If YES, please comment below.

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

## Legal Status

30. Are you a citizen of the United States? \_\_\_Yes \_\_\_No

If no, of what country are you a citizen: \_\_\_\_\_

Are you a permanent resident of the U.S.? \_\_\_Yes \_\_\_No

31. Have you ever been arrested? \_\_\_Yes \_\_\_No

If so, what were the charges? \_\_\_\_\_

Place and date of arrest \_\_\_\_\_

Age at time of arrest \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_  
Disposition \_\_\_\_\_

32. Have you ever been found guilty or entered a plea of no contest or guilty to any criminal charge? If so, explain fully. (attach additional page if necessary)

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## Religious Background

33. Family Parish \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_ (Arch) Diocese \_\_\_\_\_

34. Current Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_ (Arch) Diocese \_\_\_\_\_

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

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36. Indicate the usual religious practices in your home while growing up. \_\_\_\_\_

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37. 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 Background

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

38. Extracurricular activities, social and athletic \_\_\_\_\_

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39. Honors and awards \_\_\_\_\_  
\_\_\_\_\_

40. Foreign languages (indicate speaking/writing facility) \_\_\_\_\_  
\_\_\_\_\_

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

42. List the colleges/universities you have attended:

<u>College/University</u>	<u>Dates attended</u>	<u>Degree earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Military Service

43. Have you registered for the Selective Service? \_\_\_\_\_

44. Have you served in the military? \_\_\_\_\_

Branch of service \_\_\_\_\_ Date of enlistment \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Type of discharge \_\_\_\_\_ Combat \_\_\_\_\_

Technical training \_\_\_\_\_ Reserve status \_\_\_\_\_

What did you like best about the service? \_\_\_\_\_  
\_\_\_\_\_

What did you like least? \_\_\_\_\_

## Health and Lifestyle

45. Do you smoke cigarettes? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

46. Do you drink alcoholic beverages? \_\_\_\_\_

If yes, what do you usually drink? \_\_\_\_\_

How would you classify your drinking \_\_\_light \_\_\_moderate \_\_\_social \_\_\_heavy

47. Describe the type and frequency of physical exercise you engage in. \_\_\_\_\_

\_\_\_\_\_

48. What hobbies do you have? \_\_\_\_\_

\_\_\_\_\_

49. What do you do for relaxation. \_\_\_\_\_

\_\_\_\_\_

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 or 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 intravenous or ingestible drugs? Yes No

Have you had sexual contact with anyone within the past three years, outside of marriage? Yes No

If you answered "Yes" to any of the above, please explain...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work Experience

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

Name of employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

51. List the past four paid positions you have held.

Employer	Duties	Dates	Reason for Leaving
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

52. Volunteer Work \_\_\_\_\_

\_\_\_\_\_

53. Have you ever been fired from a job?    \_\_\_Yes    \_\_\_No

If yes, please explain. \_\_\_\_\_

54. Do you belong to any professional 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

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

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## Financial Status

57. **Income**

a. What, if any, is your present salary?

Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

b. 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 \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

58. Do you have assets that would take time to manage?

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59. **Indebtedness**

a. 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)?

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

b. Have you incurred student loans?       Yes       No  
If yes, please indicate.

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60. **Seminarian's Personal Expenses**

A student in the seminary is expected to be personally responsible for such expenses as books, clothing, toiletries, postage, entertainment, transportation, and (if he has a car) automobile insurance, gas and maintenance.

a. Do you anticipate that you will be able to cover such personal expenses?  
 Yes       No

b. If you plan to receive assistance in meeting your personal expenses during the school year, please indicate from whom the support will come and the amount of support you expect to receive:

Family / friends \_\_\_\_\_ \$ \_\_\_\_\_

Stipend from your diocese \_\_\_\_\_ \$ \_\_\_\_\_

Loans \_\_\_\_\_ \$ \_\_\_\_\_

Grants \_\_\_\_\_ \$ \_\_\_\_\_

G.I. Bill \_\_\_\_\_ \$ \_\_\_\_\_

Your Parish \_\_\_\_\_ \$ \_\_\_\_\_

Knights of Columbus \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

## Personal Data

61. What type of books do you prefer reading? \_\_\_\_\_

Give two or three titles of books you have recently read. \_\_\_\_\_

\_\_\_\_\_

What periodicals do you read regularly? \_\_\_\_\_

\_\_\_\_\_

62. Describe your use of the Internet? \_\_\_\_\_

\_\_\_\_\_

How many hours per week do you spend in chat rooms? \_\_\_\_\_

or on video games? \_\_\_\_\_

63. What neighborhood, civil, social or service organizations do you belong to? \_\_\_\_\_

\_\_\_\_\_

64. Have you exercised any type of leadership in any of your free-time activities? \_\_\_\_\_

If yes, describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

65. Have you dated?      \_\_\_Yes    \_\_\_No

How old were you when you had your first date? \_\_\_\_\_

Have you ever "gone steady" with anyone?      \_\_\_Yes    \_\_\_No

66. Have you been engaged?      \_\_\_Yes    \_\_\_No

67. Do you have children?      \_\_\_Yes    \_\_\_No

If yes, how many and what ages? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your responsibility toward those children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

68. Do you have a relative or other person dependent upon you financially?

\_\_\_Yes \_\_\_No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Vocational Goals and Attitudes

69. How old were you when you first thought of becoming a priest? \_\_\_\_\_

70. Who contributed most to your choice to pursue this vocation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

71. Do your parents and other family members approve of your studying for the priesthood? \_\_\_\_\_

\_\_\_\_\_

72. What skills, aptitudes and experiences do you have which may be valuable in your ministry as a priest?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

73. What motivated you to apply to your diocese or religious order? \_\_\_\_\_

\_\_\_\_\_

74. Assuming you are ordained, what kind of assignment would you prefer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

75. If you were not to become a priest, what other careers would you consider? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

76. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

77. What apprehensions do you have about your decision to be a diocesan priest or a member of a religious community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

78. What are the duties which priests (religious) perform that you find appealing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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

# 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 (If you choose "English" then skip to Question 10)

English     Spanish     Vietnamese     Japanese     Filipino

Others \_\_\_\_\_

3. Where did you learn your primary language? (Choose all answers that best describe your situation)

At home     At home and school     At school    Other \_\_\_\_\_

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

Elementary School (grades 1-5)     Middle School (grades 6-8)     9<sup>th</sup> grade     10<sup>th</sup> grade  
 11<sup>th</sup> grade     12<sup>th</sup> grade    Other: \_\_\_\_\_

5. The English language is your...

Second language     Third language     Fourth language     Fifth language

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?

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13. What country do you call home? \_\_\_\_\_

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

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