

# PONTIFICAL COLLEGE JOSEPHINUM



## APPLICATION FORM

PRIESTLY FORMATION PROGRAM  
SCHOOL OF THEOLOGY



# Application Form

## Priestly Formation Program

### School of Theology

#### Instructions:

- Please complete all of the items on the application; type or print clearly in ink.
- Request that **official transcripts** from high school(s) and/or college(s) attended be sent to our office. Transcripts become the permanent property of the Josephinum and cannot be returned.
- In cooperation with the applicant's sponsoring (arch)diocese or religious community, the Josephinum will engage the assistance of a professional agency that specializes in clearances and background checks, to verify the applicant's integrity. This verification will include checking of references and the development of a cyber and social media online profile from available open sources and publically accessible online databases.
- Return completed application form along with the application fee to the Office of Admissions, Pontifical College Josephinum, 7625 North High Street, Columbus, Ohio 43235-1498.
- If you have any questions, call the Office of Admissions at 1-888-252-5812.

**Do you swear to complete all information completely, honestly and truthfully? ☐ I do.**  
**Any falsehood or attempt to deceive will result in immediate disqualification for admission.**

<b>Name</b>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Home Address</b>			
<b>County of Residence</b>			
<b>Home Telephone</b>		<b>SSN</b>	
<b>Cellular Telephone</b>		<b>Email</b>	
<b>Mailing Address</b> <i>(if different from home)</i>			
<b>Date of Birth</b>		<b>Birthplace</b>	
<b>Name and Address of Parish At Which You Are Registered</b>			
<b>UNITED STATES CITIZENSHIP</b>			
<b>Are you a United States Citizen?</b>	Yes	No	
<b>If no, what is your country of origin?</b>			
<b>Test of English as a Foreign Language (TOEFL) test results if non-native English speaker (Test results must be dated within six months of application date.)</b>	Score:	Date Taken:	
<b>Do you have a U.S. Visa?</b>	Yes	No	
<b>If yes, what type?</b>		<b>Expiration Date</b>	

Are you transferring from another U.S. college or university?		Yes	No
If yes, from what school?			
Indicate Status		<input type="checkbox"/> Non-Immigrant <input type="checkbox"/> Permanent Resident	
Alien Registration Number		A _____	
Date Status Received	Month: _____	Day: _____	Year: _____
<b>Please note: A Form I-20 cannot be issued until all supporting documents have been received and you have been admitted to the Pontifical College Josephinum.</b>			
<b>RACE OR ETHNIC GROUP</b>			
<b>Please check the appropriate box (Federal reporting regulations for student enrollment and institutional analysis require the collection of race/ethnic information.):</b>			
<b>ETHNICITY – USED FOR STATISTICAL PURPOSES ONLY</b>			
<b>ARE YOU SPANISH/HISPANIC/LATINO?</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.		Yes	No
<b>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):</b>			
<input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKAN NATIVE (not Hispanic or Latino)</b> – 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.			
<input type="checkbox"/> <b>ASIAN (not Hispanic or Latino)</b> – 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.			
<input type="checkbox"/> <b>BLACK OR AFRICAN AMERICAN (not Hispanic or Latino)</b> – A person having origins in any of the black racial groups of Africa, including those who consider themselves “Haitian.”			
<input type="checkbox"/> <b>NATIVE HAWAIIAN OR PACIFIC ISLANDER (not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
<input type="checkbox"/> <b>WHITE (not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.			
<input type="checkbox"/> <b>NON-RESIDENT ALIEN</b> – 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 _____			
<input type="checkbox"/> <b>TWO OR MORE RACES</b>			
<b>AFFILIATION</b>			
Sponsoring Diocese or Religious Community			
Address (City, State, Zip)			
Bishop or Religious Superior			
Phone Number (including area code)			
Director of Vocations			
Address (City, State, Zip)			
Phone Number (including area code)			

SACRAMENTAL/CANONICAL INFORMATION				
Baptism				
	Church	City	State	Date
Religion of Baptism			If Catholic: <input type="checkbox"/> Roman <input type="checkbox"/> Eastern (Specify):	
Have you ever belonged to a Church other than the Catholic Church?			Yes	No
If so, when?				
If you are a convert, in what parish were you fully received and initiated into the Roman Catholic faith?				
Date:				
First Communion				
	Church	City	State	Date
Confirmation				
	Church	City	State	Date
Have you been married before?	Yes	No	If yes, how many times?	
Marriage				
	Church	City	State	Date
Wife's Name (Include maiden name)				
	Please provide information on a separate sheet including name(s) of Church/place of marriage, city, state, proof that marriage no longer exists (i.e., death certificate, declaration of nullity), etc.			
Father's Name				
Father's Address				
Father's Religion			If Catholic: <input type="checkbox"/> Roman <input type="checkbox"/> Eastern (Specify):	
Mother's Maiden Name				
Mother's Address				
Mother's Religion			If Catholic: <input type="checkbox"/> Roman <input type="checkbox"/> Eastern (Specify):	

EDUCATION									
Have you ever been refused admission to a college or a college-level seminary?							Yes		No
If yes, explain briefly:									
Elementary School(s) Attended									
	School		City and State				Dates Attended		
	School		City and State				Dates Attended		
	School		City and State				Dates Attended		
If you did not attend Catholic schools, please indicate where you attended religious education.									
High School(s) Attended									
	School		City and State				Dates Attended		
	School		City and State				Dates Attended		
	School		City and State				Dates Attended		
Year of High School Graduation									
If you did not attend Catholic schools, please indicate where you attended religious education.									
SAT Scores	Year:		Verbal:			Math:		Writing:	
ACT Scores	Year:		Composite:		English:		Math:		Reading:
College(s)/ University(s) Attended									
	Name		City and State				Dates Attended		
	Name		City and State				Dates Attended		
	Name		City and State				Dates Attended		
Major Course of Studies									

<b>Year of College Graduation</b>			
<b>Undergraduate Degree Completed</b>			
<b>Post-Graduate Degrees</b>			
<b>In high school and/or college, what was your approximate grade average?</b>	High School:	College:	
<b>Did you study or can you speak any foreign languages?</b>			
<b>Did you study (circle):</b>	Latin?	Greek?	Hebrew?
<b>If yes, how many semesters and where?</b>	Latin: Greek: Hebrew:		
<b>Are you presently under suspension or dismissal for academic or disciplinary reasons from any college, university, or other formal post-high school education program?</b>		Yes	No
<b>If yes, give full explanation on a separate sheet of paper and attach it to this application.</b>			
<b>Is your cumulative grade point average (GPA) a 2.0 (C) or higher on a 4.0 scale for all previous college work?</b>		Yes	No
<b>If entering as a transfer student, briefly explain the reason for transferring:</b>			
<b>Have you completed "Virtus: Protecting God's Children"?</b>		Yes	No
<b>If yes, please provide certification.</b>			
<b>MEDICAL BACKGROUND</b>			
<b>What is the date of your last physical examination?</b>			
<b>Your Personal Physician</b>			
	<i>Name</i>		
	<i>Address</i>		
<b>Physical challenges or limitations, if any.</b>			
<b>Serious illness (specify age when this occurred)</b>			
<b>Serious accidents (specify age when this occurred)</b>			

<b>Surgery</b>					
<b>Days of work/school missed last year due to illness:</b>					
<b>Cause:</b>					
<b>Height:</b>			<b>Weight:</b>		
<b>Vision:</b>	Excellent	Good	Fair	Poor	
<b>Hearing:</b>	Excellent	Good	Fair	Poor	
<b>Have you ever used illegal drugs of any kind?</b>		Yes		No	
<b>If yes, what?</b>					
<b>How often?</b>					
<b>When was this last used?</b>					
<b>Alcohol Consumption: Amount and Frequency</b>					
<b>Which of these diseases have affected you or your family in the past?</b>					
Tuberculosis		Rheumatic Fever		Diabetes	
Heart Condition		Cancer		Epilepsy	
		Nervous Disorders		Other serious sickness	
<b>If there is any history in your family of mental illness, alcoholism or drug addiction, please give details.</b>					
<b>Have you had any psychological testing?</b>			Yes		No
<b>If yes, please explain.</b>					
<b>Have you had any kind of psychological counseling?</b>			Yes		No
<b>If yes, please explain.</b>					
<b>Are you covered by medical insurance?</b>			Yes		No
<b>If yes, please give details.</b>					
<b>FAMILY BACKGROUND</b>					
<b>Siblings</b>					
<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Marital Status/Living at Home</i>		

Do you have any close relatives in the priesthood, diaconate or religious life? If yes, please identify:			
<b>PERSONAL BACKGROUND</b>			
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	
Have you ever been issued a citation for traffic violation(s)?	Yes	No	
If yes, please elaborate.			
Have you ever been charged with or convicted of a criminal offense, misdemeanor, or felony?	Yes	No	
If yes, please elaborate.			
Have you ever been arrested?	Yes	No	
If yes, please elaborate.			
Have you ever been a party to litigation, either as a named plaintiff or defendant in a civil action?	Yes	No	
If yes, please elaborate.			
Has any individual influenced you in your desire to pursue the priesthood?			
Have you discussed your decision with your family?	Yes	No	
Does your decision meet with their approval?	Yes	No	



<b>What are some of the duties that a priest performs that you find appealing?</b>		
<b>List the ways in which you have been involved in your parish.</b>		
<b>Have you discussed the priesthood with your home pastor?</b>	Yes	No
<b>EXTRACURRICULAR ACTIVITIES</b>		
<b>Leadership</b> (groups or situations in which you exercised leadership)		
1.		
2.		
3.		
<b>Activities In and Out of School</b> (music, clubs, community service)		
Name of Activity	Grade(s)	Offices and Honors
1.		
2.		
3.		
<b>School Sports Programs</b>		
Name of Sport	Grade(s)	Leadership Positions (e.g., team captain)
1.		
2.		
3.		

<b>Evidence of Special Talents, Honors Awards</b>		
1.		
2.		
3.		
<b>PREVIOUS WORK EXPERIENCE</b>		
<b>From (Month/Year)</b>	<b>To (Month/Year)</b>	<b>Job Description (be specific)</b>
<b>FINANCIAL INFORMATION</b>		
Please give information concerning your most recent/current employment.		
<b>Name of Employer</b>		
<b>Address</b>		
<b>Job Title and Description of Duties</b>		
<b>Salary</b>		
<b>Do you have any loans outstanding for your college education?</b>	Yes	No
If yes, provide details on a separate sheet of paper.		
<b>Are you in debt? Please explain how you are addressing the debt.</b>		
<b>Explain your financial obligations to family members, friends, or others. Are other people financially dependent on you?</b>		

**OPTIONAL**

**If you feel that your high school or college performance was adversely affected by special circumstances, such as a diagnosed learning disability or other disability, divorce or death in the family, serious illness, etc., please summarize below and indicate dates when applicable.**

## CERTIFICATION

**IMPORTANT: Read statement and sign below.**

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. I authorize each high school and each college or school I have attended to release academic and personal information related to this admission application, upon request. I agree to submit other materials which are required for this admission application. I understand that any falsehood or attempt to deceive will result in immediate disqualification for admission.

<i>Applicant's Legal Signature</i>	<i>Date</i>

Date \_\_\_\_\_

***PLEASE RETURN APPLICATION FORM AND SUPPORTING DOCUMENTATION TO:***

**OFFICE OF ADMISSIONS  
PONTIFICAL COLLEGE JOSEPHINUM  
7625 NORTH HIGH STREET  
COLUMBUS, OH 43235-1498**

