



**PRIESTLY FRATERNITY OF ST. PETER**  
**North American Vocations Office**  
 PO Box 147, 7880 West Denton Road  
 Denton, NE 68339 U.S.A  
 Tel: (402) 797-7700 Fax: (402) 797-7705  
 Email: vocations@fsspolgs.org

## APPLICATION FOR ADMISSION

PERSONAL INFORMATION				
Last Name	First Name	Middle Name	Birthdate ( mm / dd / yyyy )	Citizenship
Street Address				
City	State	Zip Code	Country	E-Mail Address
Telephone #	Emergency Contact & Phone # (please mention relationship to contact name)			
Country of Citizenship			Country of Birth	
Father's Name & Occupation			Mother's Name & Occupation	
Current Job Title / How long have you been employed at this position?				Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been married, even civilly? If 'Yes,' please explain.		Do you have any children, dependents, or anyone for whose welfare you are largely responsible? If 'Yes,' please explain.		
<input type="checkbox"/> No <input type="checkbox"/> Yes  		<input type="checkbox"/> No <input type="checkbox"/> Yes  		
EDUCATIONAL INFORMATION				
<b>GRAMMAR SCHOOLS:</b>				
School name & location		Dates attended	Registered as a Homeschool?	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>HIGH SCHOOLS:</b>				
School name & location		Dates attended	Graduated? (date)	Registered as a Homeschool?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>COLLEGES / UNIVERSITIES:</b>				
School name & location		Dates attended	Degree	Date awarded
<b>VOCATIONAL SCHOOLS:</b>				
School name & location		Dates attended	Degree	Date awarded
<b>MILITARY SERVICE:</b>				
Military branch	Rank	Total service time	Position/Skill	Discharge date

Have you ever been placed on academic probation? ☐ No ☐ Yes

Have you studied any foreign languages? If so, how many years and what level (e.g. reading, writing, conversation):

**HEALTH INFORMATION**

Do you have any permanent or chronic medical conditions? If 'Yes,' please explain.

☐ No ☐ Yes

Do you have any type of physical disability and/or learning disability? If 'Yes,' please explain.

☐ No ☐ Yes

Are you presently or permanently on any prescription medications? If 'Yes,' please explain.

☐ No ☐ Yes

Have you undergone psychological counseling or treatment? If 'Yes,' please explain.

☐ No ☐ Yes

Are you aware of a history of psychiatric disease in your family? If 'Yes,' please explain.

☐ No ☐ Yes

**RELIGIOUS BACKGROUND INFORMATION**

Baptism date ( mm / dd / yyyy)

Church name / City,State / Diocese

Confirmation date ( mm / dd / yyyy)

Church name / City,State / Diocese

Are you a convert to the Catholic Faith? If 'Yes,' please list when/where (church name/diocese) you entered the Church.

☐ No ☐ Yes

Your current parish name & address

Have you ever been a seminarian before? If 'Yes,' indicate sponsorship - e.g. diocese, religious community, independent - and list seminaries, dates, where and when you studied.

☐ No ☐ Yes

Have you previously applied to Our Lady of Guadalupe Seminary or St. Peter's Seminary in Wigratzbad, Germany? If so, when? Was a decision conveyed to you upon your application?

☐ No ☐ Yes

Have you ever received Minor Orders or a permanent ministry? If "Yes," please list the Orders received, date, and place.

☐ No ☐ Yes

Have you ever entered religious postulancy/candidacy or novitiate? Did you complete it?

☐ No ☐ Yes

Have you ever been formally affiliated (e.g. as a seminarian or an enrolled member of an organization, parish, or chapel) since your baptism as a Catholic, or reception into the Church, with any non-Catholic church or any group regarded by the Church/Holy See as schismatic, irregular, or in which membership is forbidden by ecclesiastical law? If 'Yes,' explain and provide dates.

☐ No ☐ Yes

#### ADDITIONAL INFORMATION

Do you currently have any debt? (i.e. student loans, car payments, etc.). If 'Yes,' please list the type and amounts:

☐ No ☐ Yes

Please use the following space to elaborate on any section of the application, or to provide any additional information not covered in the questions that you feel may assist us in evaluating your application:

#### APPLICANT'S CERTIFICATION & SIGNATURE

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date (mm / dd / yyyy) \_\_\_\_\_

**TO COMPLETE THIS APPLICATION FOR ADMISSION**, please include two short, typewritten essays (no longer than one page per essay) in which you address the following:

A. "Why I want to be a priest"

B. "Why I want to exercise priestly ministry within the Priestly Fraternity of St. Peter"