

SAINT JOHN'S SEMINARY

APPLICATION FORM

PERSONAL DATA

Legal Name: _____
(Last name) (First name) (M.I.) (Title: Mr., Ms., Mrs., Sr., Br.) (Order)

SS #: _____ - _____ - _____ E-mail: _____

Address: _____
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Home Phone: (_____) _____ - _____ Emergency Phone: (_____) _____ - _____

Parish Affiliation: _____
(Parish) (City/Town) (State) (Zip Code)

Marital Status: _____ U. S. Veteran: ___ -Yes ___ -No Ethnicity: _____

Age: _____ Sex: ___ - M ___ - F U.S. Citizen: ___ -Yes ___ -No Birth country: _____

Date of Birth: _____ Expected Date of Graduation: _____ Do you plan to attend: ___ - Full Time ___ - Part Time

Previous Degrees (Please have transcripts forwarded to Saint John's Seminary) Earned or Expected:

Institution	Degree	GPA	Date

APPLICATION ESSAY

Please attach a typewritten essay of three to five double-spaced pages which addresses the following questions:

How would you describe your intellectual and spiritual autobiography, and why does it lead you to desire to pursue the MTS for the New Evangelization at Saint John's Seminary? What theological areas do you wish to understand better through this degree? How would you describe your commitment to the Catholic Church? What evangelical projects motivate you?

GRE scores are optional. If you would like to submit scores, use the ETS website to send your scores to Saint John's Seminary, code #3295.

Please complete this entire application and send a signed hard copy with your application fee of \$75.00 payable to Saint John's Seminary.

EMPLOYMENT RECORD AND VOLUNTEER EXPERIENCE

Applicant’s Name: _____

I – EMPLOYMENT RECORD

Current Employer: _____ Years with this Employer: _____

Your Title/Position: _____ Immediate Supervisor: _____

Address: _____
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Office Phone: (_____) _____ - _____

Previous Employment:

Company	City/State	Position	Yrs of Service

II – VOLUNTEER EXPERIENCE

a. Church-Related Volunteer Experience:

Parish	City/State	Volunteer Position	Yrs of Service	Supervisor

a. Other Volunteer Experience:

Organization	City/State	Volunteer Position	Yrs of Service	Supervisor

RECOMMENDATION INFORMATION

Applicant's Name: _____

a. Parish/Institutional Recommendation:

Please select a Priest who would be able to evaluate your capacity for apostolic service as well as your potential to benefit from study in the Master of Theological Studies for the New Evangelization of Saint John's Seminary.

Please provide your recommender with the Parish/Institutional Recommendation Form and addressed mailing envelope.

Name: _____ Parish/Institution: _____

Address: _____
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Phone: (____) ____ - ____

b. Academic/Personal Recommendations:

Please select two persons who will submit recommendations on your behalf. You may select professors, employment supervisors, volunteer supervisors from your parish or institutional experiences or other individuals who would be able to evaluate your abilities and capacity for the Master of Theological Studies for the New Evangelization of Saint John's Seminary.

Please provide each recommender with the Personal Recommendation Form and addressed mailing envelope.

1.

Name: _____

Position: _____ Institution: _____

Address: _____
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Phone: (____) ____ - ____

2.

Name: _____

Position: _____ Institution: _____

Address: _____
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Phone: (____) ____ - ____

Thank you for your application.