

This page for both institutions.



**Assumption Seminary**  
2600 West Woodlawn Avenue  
San Antonio, Texas 78228-5196  
(210) 734-5137 Fax: (210) 734-2324

**UNIFIED APPLICATION FOR ADMISSION**

Please type or print legibly using blue or black ink.

**Oblate School of Theology**  
285 Oblate Drive  
San Antonio, Texas 78216-6693  
Email: [registrar@ost.edu](mailto:registrar@ost.edu)

Anticipated Entrance: Fall Spring Summer Year: 20\_\_

**PERSONAL INFORMATION/ Información personal**

Application Date/ la fecha de la aplicación: \_\_\_\_\_

Age/Edad _____	Single/solo	Married/casado	Divorced/divorciado	Widow/viuda	
Name: _____					
Nombre	Last/Apellido	Title	First/primero	Middle/Segundo nombre	Previous Name (if applicable)
Current Address: _____					
Domicilio actual	No & Street (número y calle)	City/Ciudad	State/Estado	Zip Code/Zona Postal	
Mailing Address: _____					
	No & Street (número y calle)	City/Ciudad	State/Estado	Zip Code/Zona Postal	
Billing Address: _____					
	No & Street (número y calle)	City/Ciudad	State/Estado	Zip Code/Zona Postal	
Billing Contact Person/Position: _____					
Home Tel No: ( ) _____ - _____ Work Tel No: ( ) _____ - _____ Fax No: ( ) _____ - _____					
Email Address: _____ Cell phone No: ( ) _____ - _____					
U.S. Social Security Number Numero de Seguro Social ____ - ____ - ____ (optional/opcional)	Date of Birth fecha del nacimiento Month ____ Day ____ Year ____ mes día año		City & Country of Birth ciudad y país de nacimiento _____		

Vocation director with whom you have been in contact: El director de la vocación con quien usted ha estado en el contacto	Diocese/Religious Congregation: diócesis /congregación religioso
Name/Nombre _____ Address/dirección _____ State/Estado _____ Zip Code/Zona Postal _____	Name/Nombre _____ Address/dirección _____

In case of an emergency, please contact/ en caso de una emergencia por favor contacto:

Name Nombre	Relationship	Telephone Number número de teléfono	Address dirección
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**LEGAL STATUS**

United States citizen? Yes No If no, of what country are you a citizen? \_\_\_\_\_

Are you a permanent resident of the U.S.? Yes No Type of U.S. Visa you have: \_\_\_\_\_

**PHYSICAL & MEDICAL DATA (Be sure to complete the required medical exam form.)**

Do you have any medical condition or handicap, which requires special attention, drugs or equipment, or facility accommodations that would affect your attendance? Yes No

If yes, please specify your needs? \_\_\_\_\_

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**WORK EXPERIENCE**

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

Name of Employer                      Address                      City                      State                      Zip                      Title                      Duration

Describe duties in detail: \_\_\_\_\_

Salary per month: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

What did you like most about this work? \_\_\_\_\_

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

List any significant professional or career related experiences:

Employer & Employer Address                      Position/Duties                      Approximate Dates                      Reason for Leaving

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

List volunteer work you have performed:

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

Have you ever had employment terminated?    Yes    No    Reason (if yes): \_\_\_\_\_

Do you belong to any professional organization(s)?    Yes    No

If yes, please list organization(s): \_\_\_\_\_  
\_\_\_\_\_

**FAMILY BACKGROUND**

The following optional information is requested only of U.S. citizens and permanent residents. The information provided is strictly confidential and will be used for non-discriminatory statistical use. Check the applicable box:

American Indian or Alaskan Native  
White, non-Hispanic

Hispanic  
Asian or Pacific Islander

Black, non-Hispanic  
Nonresident alien

**UNITED STATES MILITARY SERVICE**

Are you registered for the Selective Service?    Yes    No

Have you served the U.S. Military?                      Yes    No

Branch of Service: \_\_\_\_\_ Date of enlistment: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Combat: \_\_\_\_\_ Technical training: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Do you have educational benefits?    Yes    No    What chapter? \_\_\_\_\_

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

What did you like least: \_\_\_\_\_

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**EDUCATION BACKGROUND**

List in chronological order all colleges, universities and seminaries attended. Official transcripts of all college/graduate work must be sent to the REGISTRAR'S OFFICE by: June 30<sup>th</sup> for Fall Semester; Dec. 20<sup>th</sup> for Spring Semester; and May 1<sup>st</sup> for Summer Session.

<u>Name of Institution</u>	<u>City/State</u>	<u>Years of Attendance</u>		<u>Degree &amp; Major</u>	<u>Date Graduated/Expected</u>
		From	To		
<b>UNDERGRADUATE</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>GRADUATE</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Requesting to transfer in graduate theology? Yes No  
 How many semester hours? \_\_\_\_\_ From what School: \_\_\_\_\_  
 List any significant academic honors or awards and honor society memberships: \_\_\_\_\_

Approximate average (GPA): High School \_\_\_\_\_ College \_\_\_\_\_  
 Did you fail any courses? Yes No Specify: \_\_\_\_\_

List social and athletic extracurricular activities: \_\_\_\_\_

Foreign languages: \_\_\_\_\_ Speak Write \_\_\_\_\_ Speak Write  
 \_\_\_\_\_ Speak Write \_\_\_\_\_ Speak Write  
 Years of foreign language study: \_\_\_\_\_

If your college major was not philosophy, indicate which philosophy courses you have taken: \_\_\_\_\_

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

If you did not attend Catholic schools, please indicate the extent of your religious education (e.g. Parish, CCD-Religious Education or School of Religion): \_\_\_\_\_

**APPLYING TO ENTER:**

<u>Graduate &amp; Post-Graduate Degrees</u>	
Master of Divinity + Certificate for Presbyteral Ministry (104)	Dual Master of Divinity + Master of Arts (Theology)
Master of Arts (Theology)	Master of Arts in Pastoral Ministry
<u>Other Programs</u>	
Intensive Pastoral English	Credit, no program

Pre-Theology Program (also indicate the graduate program for which you will apply) \_\_\_\_\_  
 Have you ever been denied admission to a school? Yes No  
 Have you ever been expelled by a school? Yes No  
 Have you ever previously made an application (degree or non-degree) to this Graduate School? Yes No

ENTRANCE TEST: GRE Miller Analogies TOEFL. Test Score (if known) \_\_\_\_\_ Scheduled/ Test Date \_\_\_\_\_

High School(s) attended:	<u>Name</u>	<u>City/State</u>	<u>Dates of Attendance</u>
_____	_____	_____	_____
_____	_____	_____	_____

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**LEGAL STATUS (additional info)**

Have you ever been arrested? Yes No  
If yes, what were the charges: \_\_\_\_\_

Place and date of arrest: \_\_\_\_\_  
City County Date

Age at time of arrest: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever been found guilty or entered a plea of no contest or guilty to any criminal charge? Yes No

If so, please explain: \_\_\_\_\_

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

**FAMILY BACKGROUND (additional information for Assumption Seminary)**

**Father's Information**

Name: \_\_\_\_\_  
Last First Middle

Place of Birth: \_\_\_\_\_  
city state country Living Deceased

If living: \_\_\_\_\_  
Address Telephone number

\_\_\_\_\_  
Occupation Religion Single Married Divorced Widow

If deceased: \_\_\_\_\_  
Age at death Year of death Cause of death

**Mother's Information**

Name: \_\_\_\_\_  
Last First Middle Maiden Name

Place of Birth: \_\_\_\_\_  
City state country Living Deceased

If living: \_\_\_\_\_  
Address Telephone number

\_\_\_\_\_  
Occupation Religion Single Married Divorced Widow

If deceased: \_\_\_\_\_  
Age at death Year of death Cause of death

**Brothers and Sisters**

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any relatives in the priesthood or religious life? Yes No  
If yes, please specify: \_\_\_\_\_

**RELIGIOUS BACKGROUND**

**Home Parish** \_\_\_\_\_  
Name Address City State Zip Code Pastor

**Current Parish** \_\_\_\_\_  
Name Address City State Zip Code Pastor

**Faith Life**

Do you have a Spiritual Director? Yes No

What spiritual activity or prayer form is most rewarding for you? \_\_\_\_\_

Have you ever been away from the Church for a period of time? Yes No

If yes, for how long? \_\_\_\_\_ When did you return to the Catholic Church? \_\_\_\_\_

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

If so, what denomination? \_\_\_\_\_ Date of reception to the Catholic Church \_\_\_\_\_

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

In what ways have you been involved in your Church Community (check all that apply):

- Mass server                      Lector                      Special minister of the Eucharist
- Choir member                      Youth minister                      Other \_\_\_\_\_

List the diocese(s) in which you have resided for six months or longer after 14 years of age (include residence of school/college/seminary outside you home diocese). \_\_\_\_\_

Prior to this time, have you ever been accepted by any other diocese, religious community or secular institute?

Yes No If yes, please list:

<u>Name of diocese or Community/Institute</u>	<u>Dates of entering &amp; leaving</u>	<u>Level at time of leaving</u>
-----	-----	-----
-----	-----	-----
-----	-----	-----

If you were in formation in a Seminary, please give name and location of the Seminary(ies).

Did you leave the seminary, diocese, religious community or secular institute of your own accord, or were you asked to leave? Own accord Asked to leave Why? \_\_\_\_\_

Have you ever applied to and not been accepted by any seminary, diocese, religious community, or secular institute?

<u>Yes</u>	<u>No</u>	<u>Name of seminary, diocese, community institute</u>	<u>Date of application</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Describe any previous ministerial experiences:**

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

**RELIGIOUS BACKGROUND (continued)**

While sponsored by another diocese or religious community, were you installed in the ministry of reader or of acolyte, or did you receive candidacy?    Yes    No

If yes, please indicate place and date of installation:

Reader: \_\_\_\_\_ Acolyte: \_\_\_\_\_ Candidacy: \_\_\_\_\_

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

If yes, specify organization: \_\_\_\_\_ Date: \_\_\_\_\_

Were your vows or promises:    Temporary    - or-    Perpetual

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

**PERSONAL DATA**

How much free time do you have apart from school and/or work, and how do you spend it? \_\_\_\_\_

What type of books do you prefer reading? (Check all that apply)

- |                   |                       |                  |                        |                      |
|-------------------|-----------------------|------------------|------------------------|----------------------|
| Action/Adventure  | Biography             | Business/Finance | Children's/Young Adult | Cooking/Food/Wine    |
| Detective/Mystery | Diet/Health/Fitness   | Family           | Government/Politics    | History              |
| Home & Garden     | Horror                | Humor/Games      | Literature/Fiction     | Non-Fiction          |
| Reference         | Religion/Spirituality | Romance          | Science Fiction        | Science & Technology |
| The Arts          | Sports & Outdoors     | Travel           | Westerns               | Other _____          |

Please list two or three titles of books you have recently read: \_\_\_\_\_

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

Do you belong to any neighborhood, civil, social or service organizations?    Yes    No

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

Have you exercised any type of leadership in any of your free-time activities?    Yes    No

If yes, please describe: \_\_\_\_\_

Have you dated?    Yes    No    If yes, how old were you when you had your first date: \_\_\_\_\_

Have you ever "gone steady" with anyone?    Yes    No    Have you ever been engaged?    Yes    No

Have you ever been married (in a church, civilly or by common law)?    Yes    No

If yes, please answer the following:

<u>To whom</u>	<u>Date</u>	<u>Place</u>	<u>Before whom (JP, priest, minister, etc.)</u>
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Is your former spouse deceased?    Yes    No

Have you received a civil divorce?    Yes    No    Grounds: \_\_\_\_\_

Have you received a church annulment?    Yes    No    Diocese: \_\_\_\_\_

Date of annulment: \_\_\_\_\_ Protocol #: \_\_\_\_\_

Do you have any children?    Yes    No    If yes, how many and what ages? \_\_\_\_\_

What are your responsibilities toward those children? \_\_\_\_\_

Do you have a relative or other dependent for whom you are financially responsible?    Yes    No

If yes, please explain: \_\_\_\_\_

## RELEASE OF INFORMATION



**Assumption Seminary**  
2600 West Woodlawn  
San Antonio, Texas 78228-2324

## PERMISO PARA DAR A CONOCER LA INFORMACION CONTENIDA EN ESTA SOLICITUD

It is the policy at Assumption Seminary that all information regarding students is held in the strictest confidence by those permitted access. It is the responsibility of the Rector to maintain the confidence and to personally approve the release of any information as allowed through this signed form, and only then to persons authorized below.

I, the undersigned, in light of the above guarantee, hereby grant the release of pertinent information that is or will be an official part of my academic or personal files at Assumption Seminary to the following:

My Ordinary and Vocation Directors  
The Seminary Admissions Board and Formation Team  
The Seminary Psychological Consultants

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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 further attest that I have withheld no information bearing upon my suitability as a potential candidate for the sacrament of Holy Orders in the Roman Catholic Church.

I recognize that the information requested is provided in confidence and becomes the property of Assumption Seminary. I understand that the decision for me to be accepted or not to be accepted for study/formation 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 and all decision regarding this application.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

This page for applicant use.



**Assumption Seminary**  
2600 West Woodlawn Avenue  
San Antonio, Texas 78228-5196

**APPLICANT'S TRANSCRIPT REQUEST FORM**



**Oblate School of Theology**  
285 Oblate Drive  
San Antonio, Texas 78216-6693

NOTE: It is the responsibility of the applicant to have complete and official transcripts mailed from each former institution directly to Oblate School of Theology Registrar's Office.

\_\_\_\_\_ Date

To: Registrar's Office

\_\_\_\_\_ Print or type name of previous school

\_\_\_\_\_ Street Address or P.O. Box

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Please send one copy of my official transcript to:

Registrar's Office  
**OBLATE SCHOOL OF THEOLOGY**  
285 Oblate Drive  
San Antonio, Texas 78216-6693

Myself, at the address below:

I attended your school from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Print or type name at time of attendance

\_\_\_\_\_ Student ID # / Social Security #

\_\_\_\_\_ Current Address

\_\_\_\_\_ Birthdate

\_\_\_\_\_ City

\_\_\_\_\_ State

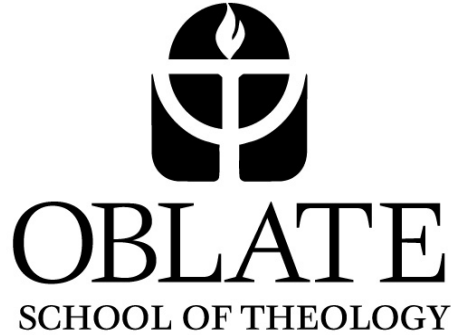
\_\_\_\_\_ Zip

\_\_\_\_\_ Student Signature

**To the student requesting the transcript:** Most institutions require the payment of a fee before issuing transcript. You may save time by including your payment with this request. Most institutions charge \$5 dollars for an official transcript.

This page for applicant use.

Please send this form directly to the institution previously attended.



285 Oblate Drive  
San Antonio, Texas 78216

In accordance with Public Law 930380-The Educational Rights and Privacy Act (Buckley Amendment), I hereby authorize the release of my **Oblate School of Theology** transcript, cumulative record and/or grades at the end of each semester to the person(s) or agency indicated below to keep them informed of my academic progress.

I am authorizing this release throughout the duration of my enrollment at Oblate School. If, for any reason, I am no longer a member of the diocese or religious community indicated below, this request is null and void.

\_\_\_\_\_  
Formation Director / Rector

\_\_\_\_\_  
Name of Community

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Date

This page for both institutions.



**Assumption Seminary**  
2600 West Woodlawn Avenue  
San Antonio, Texas 78228-5196  
(210) 734-5137 Fax: (210) 734-2324

## **Autobiography Outline**



**Oblate School of Theology**  
285 Oblate Drive  
San Antonio, Texas 78216-6693  
Email: [registrar@ost.edu](mailto:registrar@ost.edu)

**In writing your autobiography keep in mind that we are interested in knowing you, your life experience and above all, your faith experience. Please address each of the following areas as you write your autobiography and add any additional background information that you think is important to best describe your life. Reflect, and share the events and experiences of your life, which have brought you to this stage of your development. Please confine your comments to two single-spaced typewritten pages (Please no print font smaller than 10.) If English is your second language, write as much as possible in English.**

### **Family History:**

- Place and date of birth? Where did you grow up?
- Describe your family system:
  - a. number in your family (parents, brothers & sisters, etc.)
  - b. were you the youngest, oldest?
  - c. describe your parents relationship with each other and
  - d. how would you describe your relationship with your father, your mother, your brothers, your sisters?
- Describe the happiest and saddest events in your childhood.
- Describe any crises, death, illness, addictions in you or your family and how you dealt with each of these.

### **School History:**

- List all your education and where it was done, years, etc.
- Describe your school experiences (grades, relationships with teachers & other students).
- What was most difficult in school for you?
- What were you the most successful at in school?

### **Work History:**

- List all the places you have been employed in your life with dates and description of the job done, positions held, job titles and reasons for leaving jobs when you moved on.
- Did you ever receive any awards or commendations for your work?
- Were you ever fired or terminated from your work in any way? If so, explain.
- What did you enjoy most about your work?
- What do you find the most difficult in your job?
- Were you allowed to exercise leadership in any capacity in your work?

### **Autobiography Outline (continued)**

#### **Spiritual Development:**

- Who have been 3 key people in your life that have influenced your image of yourself, of God, of the Church?
- How did these people have an impact on your life? Give examples.
- Who is God for you? Please describe.
- How do you nourish your life of faith?
- Have you ever been in spiritual direction prior to entering the seminary?
- How have you been of service to others in the Church? What did you enjoy most about serving others?  
How have you grown? Name specifically parish work/ministry.
- When did you first feel called to the priesthood? How did you experience this call? How did you respond?
- What do you feel God is calling you to now?
- What gifts do you bring to share with others?

#### **Relational Development:**

- How do you make friends and maintain friendships?
- Describe your best friend. How would your best friend describe you?
- How would your friends describe you?
- Have you dated? Have you been engaged or married? Have you had any other exclusive relationship(s)? If so, describe.
- How long have you lived a celibate life-style?

#### **Personal Development:**

- What do you like to do for relaxation? For leisure?
- In entering the seminary, what do you see as areas of growth for yourself?

#### **Goals and Objectives**

- What are the reasons you want to do graduate work in theology?
- What are your specific interests and experiences in the field?
- Describe any specific skills or experiences that you have that may relate to ministry
- What are your career plans?