The Blessed Michael J. McGivney Propaedeutic House of Formation

SOCIETY OF ST. SULPICE

600 North Paca Street, Baltimore, Maryland 21201
www.sulpicians.org

Confidential Admission Application

When completing this application, please type or print clearly, answering all questions accurately and completely.
You may attach a separate sheet, if necessary. If a question is not applicable enter N/A. All applications are kept strictly confidential.

Email: ckramer@sulpicians.org **Phone:** 410-323-5070

I. PERSONAL INFORMATION

Name: _____ _____ _____
Last First Middle

Preferred Name or Nickname (list any other names or aliases used):

Date of Birth: _____ Place of Birth:
City, State

Home Address:
Street City State _____ Zip Code

Permanent Address: _____ _____ _____ _____
(if different than home) Street City State Zip Code

Email: _____ Cell Phone: _____

Ethnicity: African American ◯ Asian ◯ Hispanic or Latino ◯ Caucasian ◯ Native American ◯ Other ◯

Social Security #: _____

Do you have a passport? Yes ◯ No ◯ If yes, what is the country-of-origin _____ Exp. Date_____

(Arch) Diocese: _____

Name of Vocation Director: _____ Cell phone #:_____

Do you plan to have a vehicle on site? Yes ◯ No ◯

If yes: Make/Model _____ Year _____ License Plate #: _____

State of Registration: _____ Auto Insurance Carrier/Policy #: _____

Driver's License Number: _____ State of Issuance: _____

II. EDUCATIONAL / ACADEMIC BACKGROUND

Do you have a learning disability? Yes: ◯ No: ◯ If yes, please explain: _____

Have you received any special assistance for this? Yes: ◯ No: ◯

Foreign language ability (specify languages and proficiencies): _____

Number of undergraduate credit hours you have taken in:

Philosophy: _____ Theology or Religious Studies: _____ Latin: _____

Specify areas of educational skills for which you have had specialized training or obtained credentials:

_____

Are you a member of the Knights of Columbus? Yes ◯ No ◯ If yes, name of council: _____

III. FAMILY PROFILE

Father's Name: _____ Date of Birth: _____

Address: _____ _____ _____ _____
Street City State Zip Code

Nationality: _____ Place of Birth (City, State, Country) _____

Practicing Religion: _____ Occupation: _____

Mother's Name: _____ Date of Birth: _____

Address (if different from Father): _____ _____ _____ _____
Street City State Zip Code

Nationality: _____ Place of Birth (City, State, Country) _____

Practicing Religion: _____ Occupation: _____

Date of Parents' Marriage: _____ Place of Marriage**:** _____

Are your parents separated? Yes: ◯ No: ◯ Divorced**?** Yes: ◯ No: ◯

Is your father remarried? Yes: ◯ No: ◯

Is your mother remarried? Yes: ◯ No: ◯ If so, her present name: _____

If either or both parents deceased, please complete the following:

Father: Year of death _____ Age at death: _____ Cause:

Mother: Year of death _____ Age at death: _____ Cause:

Do either or both parents belong to any Oriental Rite of the Church? Yes: ◯ No: ◯

If yes, who and which rite? _____

Please list any siblings you have (use a separate sheet if more space is needed)

Name	Male	Female	Age	Religion Currently Practiced
1._____	◯	◯	_____	_____
2._____	◯	◯	_____	_____
3._____	◯	◯	_____	_____
4._____	◯	◯	_____	_____
5._____	◯	◯	_____	_____

Emergency Contacts

Primary: _____ Cell Phone # _____ Relationship_____

Secondary: _____ Cell Phone #_____ Relationship _____

IV. PHYSICAL / PSYCHOLOGICAL / MEDICAL BACKGROUND

Height: _____ Weight: _____ Date of last physical exam: _____ Physical disabilities or limitations: _____

Allergies (medical, food, medications, other): _____

Serious illnesses/accidents, if any (age): _____

List any or all surgeries (age): _____

Health Insurance: Name of Carrier _____ Primary insured member _____

Member ID # _____ Policy Group # _____

In the last year, have you missed more than two (2) weeks of class/work due to illness? Yes: ◯ No: ◯

If yes, what was the cause? _____

Do you currently take any prescribed medication(s)? Yes: ◯ No: ◯ If yes, what? _____ When started? ____

Have you ever used illegal drugs? Yes: ◯ No: ◯ If yes, what? _____ When last used? _____

Do you use tobacco? Yes: ◯ No: ◯ If yes, what? How often? _____

Do you use alcohol? Yes: ◯ No: ◯ If yes, what? How often? _____

Is there any history in your immediate family of mental illness, epilepsy, developmental disabilities, alcoholism, drug addiction, sexual abuse, or criminality? Yes: ◯ No: ◯

If yes, give details: _____

Have you had any kind of counseling, therapy, or have utilized support groups? (e.g., counselor, AL-ANON, AA, NA etc.)

Yes: ◯ No: ◯

If yes, please describe the type, frequency of sessions, and how long you were in therapy/support group(s): _____

Have you ever been treated or hospitalized for mental or psychological illness (including depression)? Yes: ◯ No ◯

If yes, give details: _____

Military Armed Services Background:

Please go to https://www.sss.gov/Home/Verification/Verification-Form
Once you input your information, please provide us with your Selective Service Number _____

V. EMPLOYMENT/WORK HISTORY

If you answer yes to the following questions, please attach a separate sheet that gives the date of each incident and explains the circumstances.

Have you ever been found responsible for a disciplinary violation at any educational or professional institution (or the international equivalent), whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes: ◯ No: ◯

Have you even been convicted of a misdemeanor, frlony, or other crime? Yes: ◯ No: ◯

Have you ever been fired or felt pressured to resign from a job or volunteer position? Yes: ◯ No: ◯

If you answered yes, include in the explanation: name, address, and phone number of the organization; period of employment or service; supervisor's name; and the date and reason(s) for your departure.

_____

Have you ever been accused of sexual misconduct of any kind? If so, did any such accusation ever result in a formal complaint with an employer or supervisor, a civil lawsuit, or a criminal charge? Yes: ◯ No: ◯

If you answered yes, include in the explanation: date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint: _____

Are you currently or have you ever served, as a volunteer for any organization, entity, or group in which you have significant contact with children or any other vulnerable individuals (such as the elderly, or the developmentally disabled)? Yes: ◯ No: ◯

If yes, include in the explanation: name, address, and phone number of the organization; period of volunteer service; supervisor's name; and briefly describe your activities and/or duties: _____

Have you ever been terminated from any employment or volunteer service or been subject to any disciplinary action for reasons relating to allegations of sexual misconduct or child abuse? Yes: ◯ No: ◯

If you answered yes, include in the explanation: the nature of the occurrence; the name of the employer or volunteer services supervisor; their address and telephone number; the date, and the place of the occurrence:

_____

Please list the past three jobs you have held. If none, please write n/a.

Job Title	**Start Date** (Month/Year)	**End Date** (Month/Year)	**Location** (City/State/Country)

Please indicate the extent and amount of your debt (include student loans, credit cards, bank notes, etc.)

_____

VI. CANONICAL PROFILE

Baptism: Date:_____ Church: _____City _____State_____

Confirmation: Date:_____ Church: _____City _____State_____

Lector: Date:_____ Church: _____City _____State_____

Acolyte: Date:_____ Church: _____City_____ State_____

Candidacy: Date:_____ Church: _____City_____ State_____

Diaconate: Date:_____ Church: _____City: _____State_____

Name of home parish: _____ Name of pastor: _____

Do you have a spiritual director? Yes: ◯ No: ◯

If yes, how often do you meet? _____

Were you born a male? Yes: ◯ No: ◯

Have you ever changed your name or been known by another name? If so, please list name(s): _____

If you answer yes to any of the following questions, please provide an explanation on a separate sheet.

Are you a convert? Yes: ◯ No: ◯ If yes, please give your previous religious affiliation: _____

Were you baptized or received into the Catholic Church within the past three years? (c.1042.3) Yes: ◯ No: ◯

Are you currently dating? Yes: ◯ No: ◯ If no, how long since your last dating relationship? _____

How old were you when you first started dating? _____

Have you ever been engaged? Yes: ◯ No: ◯ If so, how long ago and for how long? _____

Were you ever married in any religious or civil ceremony (c.1041.3)? Yes: ◯ No: ◯

Are you biologically or legally the father of any children? Yes: ◯ No: ◯

Have you ever applied to a diocese/religious order to be accepted as a candidate (other than your current diocese)? Yes: ◯ No: ◯

Have you ever been accepted as a candidate for any other diocese or religious order? Yes: ◯ No: ◯

If yes, please attach a separate sheet explaining whether you left of your own accord or were asked to leave including relevant dates and names.

Have you ever been dismissed or suspended from any seminary or house of formation? Yes: ◯ No: ◯

If yes, on what date did your enrollment in this program end? Date: _____

Have you ever been advised to leave any seminary or house of formation? Yes: ◯ No: ◯

Have you ever left a seminary or house of formation program by your own choice? Yes: ◯ No: ◯

If yes, when did you leave? Date: _____

Have you ever participated in a voluntary homicide (c.1041.4)? Yes: ◯ No: ◯

Have you ever participated in the procurement of an abortion (c.1041.4)? Yes: ◯ No: ◯

Have you ever seriously and maliciously mutilated yourself or another person (c.1401.5)? Yes: ◯ No: ◯

Have you ever attempted suicide (c.1041.5)? Yes: ◯ No: ◯

Is anyone dependent on you financially? Yes: ◯ No: ◯

Are you currently in a public office that entails the exercise of civil power? Yes: ◯ No: ◯

Have you ever stopped practicing the Catholic faith for any period? Yes: ◯ No: ◯

Have you ever rejected the Christian faith or a dogma of the Catholic Church, or did you ever become a member of a non-Catholic church or another faith after you were baptized or received into the Catholic Church (c.1041.2)?

Yes: ◯ No: ◯

Have you ever performed an act that is reserved to bishops or priests (c.1041.6; e.g., presiding at the Eucharist, granting absolution for sins, administering the sacrament of the anointing of the sick)? Yes: ◯ No: ◯

Have you ever bound yourself by oaths, vows, or promises in a religious organization? Yes: ◯ No: ◯
If you answered yes, include in your explanation whether the oaths, vows, or promises were temporary or perpetual and whether they have expired or have been dispensed (attach copy of dispensation).

Have you completed a background check in your diocese? Yes: ◯ No: ◯

If yes, (Arch)diocese: _____ Date: _____

Have you completed your diocese safe environment training? Yes: ◯ No: ◯

If yes, (Arch)diocese: _____ Date:_____ Name of Program: _____

VII. STATEMENT ON THE PRIESTHOOD

The priest is called to minister to God's people in the name of Christ. This ministry is expressed in preaching, sacraments, and pastoral care. To do this, the Church expects him to be celibate, prayerful, obedient, and concerned for justice and the poor. Describe what the life and ministry mean to you by answering the following questions.

1. What is your idea of what a priest does?

2. Why do you want to become a priest?

SEE NEXT PAGE FOR REQUIRED SIGNATURE*

VIII. REQUIRED APPLICATION SIGNATURE

1. *Please print this sheet*
2. *Scan the document*
3. *Email this along with the rest of the application to ckramer@sulpicians.org*

To the best of my knowledge, I hereby affirm that all the information on this application is complete and accurate, and I affirm that there is nothing in my behavior, attitudes, or physical or psychological condition, past or present, that would cause me to be a danger to minor children or others, with respect to physical or sexual misconduct or abuse. This statement is made freely and voluntarily by me as part of my application to this program.

Signature: _____ Date: _____