

# The Blessed Michael J. McGivney Propaedeutic House of Formation

SOCIETY OF ST. SULPICE

St. Mary's Historic Site  
600 North Paca Street Baltimore, Maryland  
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:** [info@sulpicians.org](mailto:info@sulpicians.org)

**Phone:** 410-323-5070

### I. PERSONAL INFORMATION

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

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

(Arch) Diocese of: \_\_\_\_\_

Name of Vocation Director: \_\_\_\_\_

Vocation Director's Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
(If different than home) Street City State Zip Code

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### 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: \_\_\_\_\_

### 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. _____	_____	_____	_____	_____

#### IV. PHYSICAL / PSYCHOLOGICAL / MEDICAL BACKGROUND

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

Serious illnesses/accidents, if any (age): \_\_\_\_\_

List any or all surgeries (age): \_\_\_\_\_

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 . E M P L O Y M E N T / W O R K H I S T O R Y**

*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 ever been convicted of a misdemeanor, felony, 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.

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## 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 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 of time? 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).

## 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. On a separate sheet, 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 [info@sulpcians.org](mailto:info@sulpcians.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: \_\_\_\_\_