

Saint Vincent Seminary



300 Fraser Purchase Road
Latrobe, Pennsylvania 15650-2690
724-805-2395

Fax: 724-805-2880

<http://www.saintvincentseminary.edu>

e-mail: michel.therrien@email.stvincent.edu

Admission Checklist

The following is a list of documents/requirements which are required before an applicant can be referred to the Admissions Committee. Please keep this list and note when various documents have been sent to the Seminary. Only after all documents have been received and all requirements met, will a student be considered by the Admissions Committee.

Name _____

Sponsor _____

- _____ Letter of sponsorship
- _____ Admission Application, which includes:
 - Saint Vincent Emergency Medical Form
 - Saint Vincent Student Information and Publicity Record
- _____ Proof of Medical Insurance
- _____ Psychological Profile; we recommend:
 - MMPI2
 - Rorschach Inkblot
 - Incomplete Sentence Blank
 - 16 PF
 - Clinical Interview
- _____ Criminal Background Check
- _____ TOEFL score (for those for whom English is a second language)
- _____ Admission Fee (\$34.00)

Sacramental Documentation:

- _____ Parents' Marriage Certificate
- _____ Baptismal Certificate
- _____ Confirmation Certificate

Academic Records:

- _____ Official Transcripts
This means official copies of transcripts sent by the College/University directly to the Academic Dean

For Applicants Who Were Previously Enrolled in a Formation Program:

- _____ Letters of Recommendation from Former Rectors or Superiors

For All Applicants:

- _____ Personal Interview

NOTE: All documents MUST be sent to the ACADEMIC DEAN.

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Application for Admission

(Please Print or Type the Following Information)

Name _____ Sex _____

(First)

(Middle)

(Last)

Age _____ Date of Birth _____ Place of Birth _____

Home Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Home Telephone No. _____ Social Security No. _____

Party responsible for expenses related to tuition, room and board _____

Please check all that apply. Pre-Theology Program
I wish to apply for the: Master of Divinity Degree Program
 Ordination Program

** Qualified ordination students may apply for the M.A. and S.T.B. programs after two semesters of theology at the Seminary.

I am a: U.S. Citizen Permanent Resident

My country of citizenship is: _____ Visa Status: _____

The information requested below is to comply with the U.S. Department of Education reporting procedures. Strictly voluntary, it will in no way effect consideration of your application. It will be used only for government required statistical data collection.

Please indicate Hispanic/Latino Race and ethnicity unknown
Ethnic Background: American Indian or Alaska Native Asian
 Black/African American (not Hispanic) Native Hawaiian or Other Pacific Islander
 White (not Hispanic) Two or more races

Marital Status _____ Religious Preference _____

Please enclose a check for \$34 to cover application fee. Please attach a recent photo of yourself. All applications should be returned to the Academic Dean at the address on the top of this form.

(Student Signature)

(Date)

Saint Vincent Seminary does not discriminate on the basis of sex, age, race, religion or creed.

Educational Information

High School _____

City _____ State _____ Zip/Postal Code _____ Country _____

Dates attended _____ Date of graduation _____

College _____

City _____ State _____ Zip/Postal Code _____ Country _____

Dates attended _____ Major/Minor _____

Degree _____ Grade Point Average _____

Graduate School _____

Dates attended _____ Major/Minor _____

Degree _____ Grade Point Average _____

(Please attach information regarding all colleges and graduate schools attended.
If there is not enough room on this form you may use an additional sheet.)

(Please have official transcripts forwarded directly to Saint Vincent Seminary, c/o Academic Dean)

Have you ever been dismissed or suspended from any school or college? If yes, please explain.

Have you ever applied to Saint Vincent College or Seminary before? _____ Year _____

Student Information and Publicity Record

Date _____

Name _____
(Title) (First) (Middle) (Last)

Current residence _____ E-mail _____

Father's Name _____
(Please indicate if deceased)

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Mother's Name _____
(Please indicate if deceased)

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Hometown/Diocesan/Abbey Newspapers

City of Publication

ORDINATION STUDENTS ONLY: Ministries /orders received

Date

Reader _____

Acolyte _____

Candidacy _____

Deacon _____

Sponsoring Diocese/Abbey _____

Note: This form will be used to supply information to your hometown, abbey or diocesan paper on your activities at Saint Vincent Seminary. Examples of publicity include scholarship announcements, Ministry of Acolyte and Ministry of Lector installations, graduation and announcements of new and returning students at the start of the school year. If you have any questions about student publicity, please contact the Seminary Public Relations Office at 724-805-2601.

If you DO NOT want publicity, please sign below:

Although I have supplied this information for the record, I request that no information be released for publication.

Name _____ Date _____

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Ordination Candidates Emergency Medical Information

Name _____ Social Security No. _____ — _____ — _____

Home Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Insurance Carrier _____ Policy No. _____
(Please attach proof of insurance)

Names, Addresses and Telephone Numbers of Persons to be Contacted in Case of Emergency:

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone (Day) _____ (Evening) _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone (Day) _____ (Evening) _____

I am allergic to the following medications: _____

I have severe allergic reactions to: (e.g. nuts, dairy products, insect bites, etc.) _____

I take the following medications regularly: _____

I have the following medical conditions(s): _____

Do you have any chronic condition to which we should be alerted, or which might precipitate an emergency of which we should be informed?

(Student Signature)

(Date)

At what age did you first consider a priestly vocation: _____

Are you entering the seminary for the first time? _____

If no, at what age did you initially enter the seminary? _____

Total number of years you were in the seminary? _____

List the names and locations of any previous seminaries, and the reasons for your departure. Please ask officials of these seminaries to provide documentation of your time there directly to the Academic Dean.

Have you ever been affiliated with a Religious Order, Institute or Diocese? If yes, please list the name, location and your reasons for departure. Please ask officials of this Order, Institute or Diocese to provide documentation of your time there directly to the Academic Dean.

Have you ever bound yourself by oaths, vows or promises in a religious organization? If yes, please specify whether these were temporary or perpetual, if they have expired or been dispensed. Please provide documentation of these vows.

Have you ever been married? If yes, please specify your present marital status. If the marriage is annulled, please give the date and Tribunal of annulment, and provide documentation of the annulment.

Family Information

(Please print or type the following information)

Father's name _____
(First) (Middle) (Last)

Date of birth _____ Place of birth _____

Father's address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone _____ Father's religious denomination _____

Education (highest grade completed) _____

Occupation _____

Employer _____

Mother's name _____
(First) (Middle) (Last)

Date of birth _____ Place of birth _____

Mother's address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone _____ Mother's religious denomination _____

Education (highest grade completed) _____

Occupation _____

Employer _____

Date of parents' marriage _____ Place _____

Does either parent belong to any Oriental Rite of the Church? _____ If yes, which parent, which rite? _____

What is your parents' present marital status? _____

Please list the name and ages of your brothers and sisters. _____

Do you have any relatives in the priesthood or religious life? If yes, please name. _____

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FACT SHEET

Founded in 1846, Saint Vincent Seminary is the fourth oldest Roman Catholic Seminary in the United States.

In 1847 Charles Geyerstanger, O.S.B., was the first priest to be ordained from the Seminary. More than 2,506 diocesan and religious priests have been ordained from Saint Vincent.



The Seminary was officially established August 24, 1855 through an apostolic brief of Pope Pius IX.

On April 18, 1870 the Pennsylvania State Legislature incorporated the school, empowering it to grant degrees.

Since 1873 Saint Vincent Seminary has awarded 1,247 graduate level degrees in theology.

In 1921 Saint Vincent became a charter member of the Middle States Association of Colleges and Schools. Saint Vincent Seminary received full accreditation from the Association and this accreditation has been maintained.

Among its distinguished alumni, there are 21 bishops, archbishops and cardinals and 49 abbots and archabbots.

Saint Vincent Seminary currently serves fifteen dioceses and archdioceses, five Benedictine monasteries, and other religious congregations.

Saint Vincent Seminary became a full member of the Association of Theological Schools in 1983 and this accreditation has been maintained.

During 2009-2010, there are 70 men preparing for the priesthood with a total enrollment of 87 students.



The Seminary has offered the Bachelor of Sacred Theology degree since the Fall Semester, 2000.





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Tuition and Fees 2011-2012

Tuition Full-Time Students (12-19 credits per semester) Flat Rate: \$10,868
Tuition Part-Time Students (per credit under 12 credits) \$722
Room (per semester) \$2,730
Board (per semester) \$2,643

Other Fees

Audit Fee (per credit) \$361
One-Time Non-Refundable Admission Fee \$34
S.T.B. Candidate Degree Fee (per semester) \$149
Transcript of Credits \$5
Fee for Finalizing "G" Grades \$35
Parking and Vehicle Registration \$65
