



SAINT JOSEPH SEMINARY COLLEGE
SAINT BENEDICT, LOUISIANA 70457
(985) 867-2238

APPLICATION FOR ADMISSION

PERSONAL

NAME _____ PHONE () - _____
(First) (Middle) (Last) (Soc. Sec. #)

ADDRESS _____ EMAIL _____
(Number/Street) (City/State) (Zip)

BIRTH DATE _____ BIRTH PLACE _____

BAPTISM _____
(Date, Church and City)

CONFIRMATION _____
(Date, Church and City)

ARE YOU A CONVERT? _____ IF YES, HOW LONG? _____

PASTOR _____
(Name) (Church, Number, Street, City, State & Zip)

AFFILIATION _____
(Name of Diocese, Abbey or Religious Order who is sponsoring you)

RACE: American Indian [], Asian [], Black [], Hispanic [], White [], Other [].

FAMILY

FATHER _____
(Full Name) (Age) (Birth Place) (If deceased, date)
(Religion) (Occupation) (Highest yr. of Schooling)

MOTHER _____
(Full Name) (Age) (Birth Place) (If deceased, date)
(Religion) (Occupation) (Highest yr. of Schooling)

WITH WHOM DO YOU LIVE? _____
(Address if different from above)

BROTHERS/SISTERS _____
(Name and Age) (Name and Age) (Name and Age)

EDUCATION

SCHOOLS/
COLLEGES _____
(Name and Address) (Most recent first) (Dates & Degree)

TRANSCRIPTS: Have the high school and each college you attended send a copy of your transcript to: DIRECTOR OF ADMISSIONS
ST. JOSEPH SEMINARY COLLEGE
ST. BENEDICT, LA 70457-9990

DO YOU INTEND TO APPLY FOR FINANCIAL AID? YES _____ NO _____

HAVE YOU EVER ATTENDED ANY SEMINARY OR BEEN A CANDIDATE OR MEMBER OF A RELIGIOUS ORDER? _____

IF YES, GIVE: _____
(Name of Seminary/Order) (Address) (Dates attended)

If you were in the military, indicate: _____
(Branch) (Dates of Entrance/Separation) (Type of Discharge)

I certify that the information in this application is true and correct to the best of my knowledge.

(Signature of Applicant) (Date)