



**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)