



# *Pontifical North American College*

*00120 Vatican City State*

*Europe*

## **APPLICANT RELEASE FORM**

The applicant is asked to complete and sign the following release form.

**CONCERNING**

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*(Arch)Diocese*

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at the Pontifical North American College under the sponsorship of the (arch)diocese listed above.

I give permission to the Rector of the Pontifical North American College, the Pontifical North American College Admissions Committee, or their delegates, to conduct whatever investigation is deemed necessary for the consideration of my application. I understand and agree that any and all documents, letters, and other materials obtained or submitted in support of my application will be retained and used to conduct the investigation and that these documents and materials will not be returned to me.

I understand and agree that the Rector of the Pontifical North American College or his delegate may divulge confidential information about me to the Rector or proper superior of any other seminary, religious order, or (arch)diocese to which I may apply if I am not accepted or choose not to participate in the program of priestly formation at the Pontifical North American College.

Likewise, I understand and agree that the Rector or his delegate may divulge confidential information about me to the Rector or proper superior of any other seminary, religious order, or (arch)diocese to which I may apply if I subsequently discontinue for any reason in the program of priestly formation at the Pontifical North American College.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Witness' Name:** \_\_\_\_\_

**Witness' Signature:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Pontifical North American College

00120 Vatican City State

Europe

## MEDICAL HISTORY AND PHYSICIAN'S REPORT

(Applicant completes pages 1-to-3 before taking this form to physician)

Last Name	First Name	Middle Initial
Sponsoring Diocese		Social Security Number
Medical Insurance Provider		Policy Number
Type / Nature of Policy		Date of Expiration (MM/DD/YY)

### PERSONAL MEDICAL BACKGROUND

1) Have you ever been hospitalized or had surgery? ☐Yes ☐No If YES, list the following:

Reason for Hospitalization	Year
Type of Surgery	Year

2) Have you ever been in a serious accident? ☐Yes ☐No

If YES, give the date and describe the medical findings:

3) Have you ever had an allergic reaction to any medication(s)? ☐Yes ☐No

If YES, please list the generic name of the medication(s) and its purpose:

4) Do you take any medication(s) regularly? ☐Yes ☐No

If YES, please list the generic name of the medication(s) and its purpose:

5) Do you have allergies (seasonal, food, bee sting, other)? ☐Yes ☐No

If YES, please describe:

## PERSONAL HISTORY

6) Please answer all questions. Add applicable comments on all YES answers on a supplemental sheet.

Have you had:	Yes	No	Age	Have you had:	Yes	No	Age
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	___	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	___
Frequent Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	___	Measles	<input type="checkbox"/>	<input type="checkbox"/>	___
Albumin / Sugar in Urine	<input type="checkbox"/>	<input type="checkbox"/>	___	Depression	<input type="checkbox"/>	<input type="checkbox"/>	___
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	___	Skin Rashes / Sores	<input type="checkbox"/>	<input type="checkbox"/>	___
Obsessive Compulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	___	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	___
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	___	Frequent Nausea / Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	___
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	___	Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	___
Stomach / Intestinal Problem	<input type="checkbox"/>	<input type="checkbox"/>	___	Infectious Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	___
High or Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	___	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	___
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	___	Elevated Cholesterol Level	<input type="checkbox"/>	<input type="checkbox"/>	___
Rectal Problem / Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	___	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	___
Gallbladder Disease / Gallstone	<input type="checkbox"/>	<input type="checkbox"/>	___	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	___
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	___	Pain / Pressure in Chest	<input type="checkbox"/>	<input type="checkbox"/>	___
Recurrent Urinary Infection	<input type="checkbox"/>	<input type="checkbox"/>	___	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	___
Prostatitis / Epididymitis	<input type="checkbox"/>	<input type="checkbox"/>	___	Palpitations (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	___
Kidney Stones	<input type="checkbox"/>	<input type="checkbox"/>	___	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	___
Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	___	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	___
Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	___	Recurrent Colds	<input type="checkbox"/>	<input type="checkbox"/>	___
Neuritis / Neuralgia	<input type="checkbox"/>	<input type="checkbox"/>	___	"Trick" Knee, Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	___
Recurrent Sinus Infections	<input type="checkbox"/>	<input type="checkbox"/>	___	Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	___
Arthritis / Arthralgia	<input type="checkbox"/>	<input type="checkbox"/>	___	Deviated Septum	<input type="checkbox"/>	<input type="checkbox"/>	___
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	___	Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	___
Peptic Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	___	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	___
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	___	Tumor, Cyst	<input type="checkbox"/>	<input type="checkbox"/>	___
Hearing Problem	<input type="checkbox"/>	<input type="checkbox"/>	___	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	___
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	___	Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	___
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	___	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	___
Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	___	Immune Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	___
Fevers / Sweats	<input type="checkbox"/>	<input type="checkbox"/>	___	Tics	<input type="checkbox"/>	<input type="checkbox"/>	___
Other Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	___	Weight Loss / Gain	<input type="checkbox"/>	<input type="checkbox"/>	___
Weakness / Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	___	Dizziness / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	___
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	___	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	___
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	___	Tonsillectomy / Adenoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	___
Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	___	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	___
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	___	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	___
Head Injuries with Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	___				

7) Do you wear corrective lenses? ☐Yes ☐No

If YES, please indicate prescription:		
Left	Right	Date of Last Vision Exam (MM/YY)

8) Have you ever received blood transfusions or blood products? ☐Yes ☐No

If YES, please explain:

9) Are you currently taking any medications? (Include any over-the-counter medications)

Check conditions and indicate medications:

Allergies	<input type="checkbox"/>	Cough	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Neurological Disorder	<input type="checkbox"/>
Colds	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Indigestion	<input type="checkbox"/>	ADD	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Medications used regularly:				Medications used occasionally:			

**IMMUNIZATIONS** (the following are recommended for living in community and easier to obtain/update at home)

Date (MM/YY)	Date (MM/YY)
Tdap <input type="checkbox"/> Yes <input type="checkbox"/> No	Varicella <input type="checkbox"/> Yes <input type="checkbox"/> No
Poliomyelitis <input type="checkbox"/> Yes <input type="checkbox"/> No	COVID-19 <input type="checkbox"/> Yes <input type="checkbox"/> No
MMR <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculin Test <input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B <input type="checkbox"/> Yes <input type="checkbox"/> No	

## FAMILY HISTORY

	Age	State of Health	Occupation	Cause of Death (if applicable)
Father				
Mother				
Brothers:				
Sisters:				

Have any of your relatives ever had:	Yes	No	Relationship	Have any of your relatives ever had:	Yes	No	Relationship
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	Schizophrenia / Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____				

## PHYSICAL EXAMINATION

**Examining Physician:** Please review the applicant's history and complete the following pages.

Please comment on all positive answers and indicate the following:

O=Negative      N=Normal      X=Not Examined

<b>GENERAL COMMENTS:</b>

### HEART

Blood Pressure		Heart Rate		Heart Rhythm	
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### EYES

	Near	Distant
Uncorrected Vision		
Corrected vision		
Other comments regarding vision:		

Ears	
Nose	
Throat	
Face	
Mouth	
Chest (Excursions)	
Neck	
Heart	
Skin	
Abdomen, Inguinal, Femoral	
Hernia	
Back and Spine	
Arms	
Legs	
Neuromuscular	
Genitourinary	
Rectal	
Prostate	
Genitalia	
Musculoskeletal	
Metabolic/Endocrine	
Neuro-psychiatric	
Gastrointestinal	
Hearing	

Height (inches)		Weight (pounds)		Overweight		Underweight	
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Recommendations for physical activity (PE, intramurals, sports):

Unlimited		Limited	
Please explain:			

Do you have any recommendations regarding the care of this seminarian? ☐Yes ☐No

Please explain:

Is the applicant now under treatment for any medical or emotional condition? ☐Yes ☐No

Please explain:

Is there loss or seriously impaired function of any organ? ☐Yes ☐No

Please explain:

#### LABORATORY ANALYSIS

The following laboratory work needs to be completed. \* Please attach a copy of the lab results. Also, you are asked to indicate and explain the significance of the results in the space provided.

CBC	
Chemistry Profile (e.g. SMA)	
Syphilis Serology	
HIV Antibody	
Urinalysis	
DNA Test (for biological maleness)	

DNA test possibilities: Routine Blood Chromosome for Normal Male Karyotype, DNA Typing Report, FISH Report, etc.

**ADDITIONAL REMARKS OR COMMENTS BY EXAMINING PHYSICIAN**

Patient's Present Health Condition:

Are there any restrictions to medicines, diet, and physical exercise? ☐Yes ☐No

If YES, please explain:

Does the applicant's past medical history indicate anything significant in view of his expected living and studying in Rome over the next few years? ☐Yes ☐No

If YES, please explain:

**PHYSICIAN'S INFORMATION**

Name (please print)		Telephone	
Address			
City	State/Province	Country	Zip/Post Code

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# *Pontifical North American College*

*00120 Vatican City State*

*Europe*

## **RELEASE OF INFORMATION FROM ATTENDED FORMATION PROGRAMS CONCERNING**

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*Applicant's Name*

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*(Arch)Diocese*

I testify that I make this agreement of my own free will.

With the intention of full disclosure of all information, any records or other information pertinent to my discontinuance in the below mentioned formation program/s, I hereby release all information to the Pontifical North American College and to the Rector and his delegate/s for admissions and formation.

Furthermore, I waive all claim to the information shared between bishop/s and/or religious superiors and/or seminary or formation personnel pertinent to my discontinuance in the below mentioned formation programs.

Lastly, I understand that no individual possesses a right to acceptance as a candidate, to advancement in the seminary system, or to ordination, and that my application may be unilaterally terminated by me or by the Pontifical North American College at any time.

I, therefore, attest that I have accurately indicated such past affiliation(s) with a program(s) of priestly formation. I clearly understand that inaccurate, incomplete or intentionally misleading information on my part will provide sufficient grounds for rejection of my application to the Pontifical North American College.

### **FORMATION PROGRAMS ATTENDED (including current Program):**

Institution / Diocese / Religious Community	Dates Attended or Dates of Sponsorship
1)	
2)	
3)	
4)	
5)	

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Pontifical North American College

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Europe

## AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

[Not to be used for the release of psychotherapy notes]

(The following is to be completed by the applicant for physicians providing any and all medical treatment, evaluation and/or consultation and records related thereto.)

### CONCERNING

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*(Arch)Diocese*

I, the undersigned, hereby express my intention to apply for admission to the program of priestly formation at the Pontifical North American College. To aid the Admissions Committee to assess my suitability for future priestly ministry, I do hereby authorize \_\_\_\_\_ (*Doctor, Professional Names*) to release any and all medical records, reports and/or documents to the Pontifical North American College to evaluate my application for entrance to a program for priestly formation and, in connection therewith, I waive any privilege to the confidential nature of the contents of the above-mentioned records, reports and/or documents. This authorization shall not extend beyond disclosing information to the Admissions Committee, the Rector, or his delegate, and any professional consulted by the Admissions Committee, nor shall it be used for any purposes other than those specifically stated herein.

If I am accepted for the program of priestly formation at the Pontifical North American College, I authorize the Rector of the Pontifical North American College, or his delegate, to share summaries of the information contained in the above-mentioned records, reports and/or documents with the seminary's Formation Committee which the Rector or his delegate consider necessary for the seminary formation process. I also authorize the Rector or his delegate to speak to the appropriate representative of my sponsoring (arch)diocese or about any special issue which might exist.

This authorization shall remain valid from the date of my signature below for a period of four (4) years or the duration of my seminary formation (whichever comes first).

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to the person or organization authorized to release the identified information; however, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that to the extent that the information authorized to be released herein relates or refers to HIV/AIDS and/or substance/alcohol abuse this authorization specifically permits release of such information. I understand that the person or entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I have signed this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described herein. The organization, facility, its affiliates, and all employees, agents, contractors and officers thereof are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I certify that I have reviewed this form and that I fully understand its contents.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Witness' Name:** \_\_\_\_\_

**Witness' Signature:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# *Pontifical North American College*

*00120 Vatican City State*

*Europe*

## **AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL PSYCHOLOGICAL INFORMATION**

The following is to be completed by the applicant for a psychological evaluation  
by a licensed psychologist or psychiatrist.

### **CONCERNING**

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*Applicant's Name*

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*(Arch)Diocese*

I, the undersigned, hereby express my intention to apply for admission to the program of priestly formation at the Pontifical North American College. To aid the Admissions Committee to assess my suitability for future priestly ministry, I do hereby authorize \_\_\_\_\_ (*Doctor, Professional Names*) to release any and all psychotherapy, counseling and/or psychological notes and/or records including test results about me to the Pontifical North American College. The release of this information is authorized to evaluate my application for entrance to the program of priestly formation at the Pontifical North American College and, in connection therewith, I waive any privilege to the confidential nature of the contents of the above-mentioned records and/or documents. This authorization shall not extend beyond disclosing information to the aforementioned Admissions Committee, the Rector, or his delegate, and any professional consulted by the Admissions Committee nor shall it be used for any purposes other than those specifically stated herein.

If I am accepted for the program of priestly formation at the Pontifical North American College, I authorize the Rector of the Pontifical North American College, or his delegate, to share limited summaries of the information contained in the above-mentioned records and/or documents with the Seminary's Formation Committee which the Rector or his delegate may consider necessary for the Seminary formation process. I also authorize the Rector or his delegate to speak to the appropriate representative of my sponsoring (arch)diocese about any special issue which might exist.

This authorization shall remain valid from the date of my signature below for a period of four (4) years or the duration of my seminary formation (whichever comes first). I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to the person or organization authorized to release the identified information; however, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I understand that the person or entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I have signed this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described herein. The organization, facility, its affiliates, and all employees, agents, contractors and officers thereof are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I certify that I have reviewed this form and that I fully understand its contents.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Witness' Name:** \_\_\_\_\_

**Witness' Signature:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# *Pontifical North American College*

*00120 Vatican City State*

*Europe*

## **SEMINARY SOCIAL MEDIA POLICY FORM**

The following is to be completed by the applicant to show his understanding and acceptance of the social media policy of the Pontifical North American College.

### **CONCERNING**

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*(Arch)Diocese*

Seminarians and student priests are always to use prudence in the engagement of social media, and examine by whom, and how their comments or activity might be construed. Seminarians and student priests, while encouraged to use social media as a tool for evangelization and to show participation in the life of the Church and the College, are to refrain from any activity which lies outside their competence, including but not limited to, making commentary on Church teaching, on positions taken by members of the hierarchy, or by social media to link themselves to sites which are of a speculative nature.

All members of the community are reminded:

1. That any such use is in accordance with any and all applicable diocesan policies and procedures.
2. To respect the College's confidentiality and proprietary information.
3. To ask his formation advisor if he has any questions about what is appropriate, and keep his advisor informed of his activity on social media.
4. To be respectful to the College community, not making public the activity or involvement of any student, faculty member, employee, visitor or benefactor, without his or her explicit permission.
5. Ensure that blogging activity does not interfere with one's priestly formation. The North American College reserves the right at any time and for any reason to require that a particular contribution or post by any member of the community be removed, or that the person refrain from such activity in the future.

I certify that I have reviewed this policy and that I fully understand its contents, and agree by my free will to comply with its directives if I accept admission to the Pontifical North American College:

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Witness' Name:** \_\_\_\_\_

**Witness' Signature:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Pontifical North American College

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## ITALIAN LANGUAGE STUDY REGISTRATION CONCERNING

Applicant's Name

(Arch)Diocese

Please indicate in this form the address, phone number and email address **at which you can be contacted during the SUMMER months.**

Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	
Arrival Date in Rome			
<input type="checkbox"/> July 24 <input type="checkbox"/> August 22			

The Pontifical North American College will make reservations for new seminarians to study Italian at one of the following Language Study Programs in Italy. These courses are in addition to the program offered to New Men during the month of September. All costs associated with these programs will be billed to the seminarian's sponsoring (arch)diocese. To register for one of these programs, simply indicate which program you choose to attend after consultation with your Director of Vocations/Seminarians. **The standard arrival date for seminarians who will be participating in one of these language programs as well as the approved flights are listed in the file: "Travel Information for New Seminarians."**

- ☐ ASSISI – Accademia Lingua Italiana
- ☐ SIENA – Institute Dante Alighieri



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## **AUTOBIOGRAPHY**

The applicant is requested to write a detailed autobiography (**no more than 5-6 pages**), responding to the following:

### **1. Biographic Summary:**

- a. Briefly describe your relationship with your parents, family members and other people significant to you;
- b. Experience and achievement in elementary school, high school and college;
- c. Work experience (if applicable);
- d. Social life (including close friendships and dating experiences);

### **2. History of Vocational Discernment:**

- a. Briefly describe your spiritual journey from your youth to the present day;
- b. The development of your vocation to the diocesan priesthood and your discernment for entering the seminary;
- c. Explain your conviction that God is calling you to be a priest, of your personal desire to be a priest and your life experiences that have helped affirm that desire;
- d. Your understanding of the life of celibate chastity and your belief you are capable of living it;
- e. Identifying how you have grown in chastity and healthy boundaries;

### **3. Strengths & Weaknesses:**

- a. Three (3) strengths you would bring with you to the North American College;
- b. Three (3) areas of weakness in which you would like to grow during formation at the College.



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## **PERSONAL REFLECTIONS ON PRIESTLY FORMATION**

Respecting the benchmarks for beginning the Configuration Stage as found in the Sixth Edition of the *Program of Priestly Formation*, the applicant is requested to write brief personal reflections on each dimension of formation (**one paragraph per dimension**), responding to the following:

### **1. Human Formation** (choose one of the following):

- a. The *Program of Priestly Formation* highlights the following virtues in which a seminarian should have demonstrated growth prior to the Configuration Stage of formation: prudence, justice, fortitude, temperance, humility, chastity, constancy, sincerity, patience, good manners, truthfulness, keeping his word, gratitude, affability, liberality, meekness, magnanimity and perseverance. In which of these do you excel and in which do you still need to grow? Please explain.
- b. In what ways does your personality serve as a bridge to Christ for others? In which ways might your personality sometimes serve as an obstacle?
- c. What things do you find essential for living a healthy, well-balanced lifestyle? What challenges or difficulties have you experienced in maintaining a balanced life?

### **2. Spiritual Formation** (choose one of the following):

- a. How is your relationship with God? How does that relationship inform your words and actions?
- b. Who is Jesus Christ for you personally? What words would you use to teach others about him?
- c. How do Sacred Scripture, the Eucharist and the sacrament of Reconciliation contribute to your spiritual life?

### **3. Intellectual Formation** (choose one of the following):

- a. How have your studies of philosophy and theology changed your understanding of the human person and creation?
- b. In what ways do you actively engage the intellectual life beyond course work? Explain a time that your studies have proven helpful in pastoral ministry.

### **4. Pastoral Formation** (choose one of the following):

- a. Write about a pastoral experience that affected you in prayer.
- b. How have you exercised pastoral service within the seminary community? How do you care for those around you?
- c. How has the pontificate of Pope Francis contributed to your understanding of pastoral charity?
- d. What lessons have you learned from the poor?



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## **PASTOR'S LETTER OF RECOMMENDATION**

(This page is to be given to the home pastor whom the applicant has asked to write a letter of recommendation.)

### **CONCERNING**

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*Applicant's Name*

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*(Arch)Diocese*

*In the letter of recommendation, you are asked to address some of the following:*

1. How long have you known the applicant?
2. How well do you know the applicant and his family?
3. What is the applicant's reputation in the parish and local community?
4. In what kinds of parish activities has he been involved?
5. Can you speak to the applicant's commitment to evangelization, to works of charity and/or to care for the less fortunate?
6. How would you assess the applicant's connection to the diocese and its presbyterate?
7. Do you have any concerns about the applicant beginning the Configuration Stage of priestly formation at the Pontifical North American College?

*Please give your letter either to the applicant in a sealed envelope or to the Diocesan Director of Seminarians / Vocations to be forwarded to the Pontifical North American College. This letter will be included in the seminarian's application portfolio.*



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Europe

## **RECTOR'S LETTER OF RECOMMENDATION / FINAL SEMINARY EVALUATION**

(One letter of recommendation is to be written by the Rector(s) of all seminaries the applicant has attended prior to this application to the Pontifical North American College.)

### **CONCERNING**

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*Applicant's Name*

---

*(Arch)Diocese*

*The North American College hopes to ascertain from the Rector his opinion concerning the applicant's preparedness to begin the Configuration Stage of formation. He is asked to consider some of the following in his letter of recommendation and/or the applicant's final seminary evaluation:*

1. Human Formation
  - a. Does the applicant approach priestly formation with accountability, openness and transparency?
  - b. Please speak to the applicant's character, level of maturity and relationship skills.
  - c. How has the applicant demonstrated self-discipline and maintained a healthy, well-balanced lifestyle?
  - d. What growth has the applicant shown during his time in seminary formation so far?
2. Spiritual Formation
  - a. How have you witnessed the applicant's growth in his commitment to his vocation?
  - b. Please speak to the applicant's life of prayer and his willingness to speak about it in formation.
  - c. How would you evaluate the applicant's capacity and preparedness to embrace a life of celibacy?
3. Intellectual Formation
  - a. How would you rate the applicant's intellectual capabilities and his facility with languages?
  - b. Is the applicant committed to actively engaging the intellectual life?
  - c. Is the applicant able to make connections between his studies and the other dimensions of formation?
4. Pastoral Formation
  - a. Can you speak to the applicant's commitment to evangelization, to works of charity and/or to care for the less fortunate?
  - b. In what ways has he manifested leadership skills in the seminary?
  - c. How has the applicant demonstrated growth in pastoral skills?
5. Do you believe the applicant has arrived at the requisite benchmarks for beginning the Configuration Stage of priestly formation?
6. What areas of growth would you recommend for the applicant during his time in formation at the North American College?

*Please send your letter, and/or the applicant's Final Seminary Evaluation, directly to the applicant's Diocesan Director of Seminarians/Vocations to be forwarded to the Pontifical North American College. It will be included in the seminarian's application portfolio.*



# *Pontifical North American College*

00120 Vatican City State

Europe

## **FORMATION ADVISOR'S LETTER OF RECOMMENDATION**

### **CONCERNING**

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*Applicant's Name*

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*(Arch)Diocese*

*In assessing the applicant's preparedness to begin the Configuration Stage of formation, his formation advisor is asked to consider some of the following:*

1. Human Formation
  - a. Does the applicant approach priestly formation with accountability, openness and transparency?
  - b. Please speak to the applicant's character, level of maturity and relationship skills.
  - c. How has the applicant demonstrated self-discipline and maintained a healthy, well-balanced lifestyle?
  - d. What growth has the applicant shown during his time in seminary formation so far?
2. Spiritual Formation
  - a. How have you witnessed the applicant's growth in his commitment to his vocation?
  - b. Please speak to the applicant's life of prayer and his willingness to speak about it in formation.
  - c. How would you evaluate the applicant's capacity and preparedness to embrace a life of celibacy?
3. Do you believe the applicant has arrived at the requisite benchmarks for beginning the Configuration Stage of priestly formation?
4. What areas of growth would you recommend for the applicant during his time in formation at the North American College?

*Please give your letter either to the applicant in a sealed envelope or to the Diocesan Director of Seminarians / Vocations to be forwarded to the Pontifical North American College. This letter will be included in the seminarian's application portfolio.*



# *Pontifical North American College*

00120 Vatican City State

*Europe*

## **PHILOSOPHY OR THEOLOGY PROFESSOR'S LETTER OF RECOMMENDATION**

(This letter of recommendation is to be written by a teacher who is not a Spiritual Director, former or present, of the applicant.)

### **CONCERNING**

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*Applicant's Name*

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*(Arch)Diocese*

*In the letter of recommendation, you are asked to address some of the following:*

1. What do you consider to be the applicant's assets, skills, talents, interests, personal qualities?
2. Does the applicant have any significant limitations?
3. How would you rate the applicant's intellectual capabilities and his facility with languages?
4. Is the applicant committed to actively engaging the intellectual life?
5. Is the applicant able to make connections between his studies and the other dimensions of formation?

*Please give your letter either to the applicant in a sealed envelope or to the Diocesan Director of Seminarians / Vocations to be forwarded to the Pontifical North American College. This letter will be included in the seminarian's application portfolio.*



# *Pontifical North American College*

00120 Vatican City State

Europe

## **ACADEMIC TRANSCRIPTS AND LOAN DEFERMENT INSTRUCTIONS**

### **ACADEMIC TRANSCRIPTS**

The applicant must submit a digital/electronic final transcript from every college or university attended. These transcripts must list all the courses and credits the applicant has completed in philosophy, theology, Latin and Greek while in college and, where applicable, pre-theology and theology formation programs and show that he has received a bachelor's degree in some field of study. In addition, he must also submit three (3) official copies of his high school transcripts as all of these are now necessary for registration in the Roman universities.

The pontifical Roman universities expect a seminarian beginning Theology to have completed two years of philosophical studies or the equivalent. In point of fact, this means that the seminarian is presumed to have earned at least thirty (30) credit hours in these ten specific areas of philosophy:

- Ancient Philosophy
- Medieval Philosophy
- Modern Philosophy
- Contemporary Philosophy
- Logic
- Ethics
- Epistemology/Philosophy of Knowledge
- Natural Theology/Philosophy of God
- Anthropology/Philosophy of the Human Person
- Metaphysics/Philosophy of Being
- \*Political Philosophy is an additional requirement of the Pontifical universities.\*

**Please note:** If any course title on the applicant's transcript does not clearly indicate that the given course corresponds to one or another of the above specific areas of philosophy, a *course description* must be submitted with the transcript. If a complete official transcript will not be available until after graduation, please submit a current photocopy with the application, then three (3) final original transcripts must be sent to the Coordinator of Admissions at the Pontifical North American College no later than August 1, 2024.

### **DEFERMENT FORMS**

If you attended a college or university in the United States and have an outstanding Federal Student Loan (Direct Loan or Federal Family Education Loan) and you are currently deferring payment on this loan until the completion of your studies, then it is essential that you contact the secretary to the Vice Rector, Mrs. Maria Soggiu, at [msoggiu@pnac.org](mailto:msoggiu@pnac.org). Your status as a full-time student at the Pontifical North American College must be confirmed with the US Department of Education and we will make that confirmation for you. We do not need any loan information at this time, simply let Mrs. Soggiu know that you have taken out a student loan(s) that is currently being deferred.