



# SAINT CHARLES BORROMEEO SEMINARY

100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19 09 6

## Application Instructions

### *Instructions for Admission to the Full Formation Program*

Thank you for your interest in Saint Charles Borromeo Seminary, Overbrook. All the information regarding application to Saint Charles Seminary is contained in this admissions packet. All communication related to the admissions packet is to take place between the Saint Charles Borromeo Seminary Admissions Office and your Director of Vocations.

All the required documents and materials listed on the following page should be sent to Saint Charles Borromeo Seminary Admissions Office at the address listed below by

**July 15** in order to qualify for admission to Saint Charles Borromeo Seminary for the following fall semester. (Unless one is applying to the Spiritual Year, in which case, the admissions materials are due by June 1).

Print the admissions documents, have the appropriate persons complete the necessary reports (medical, psychological, letters of recommendation, etc.) and sign the appropriate forms. Please give them to your Director of Vocations well before **June 1** (for Spiritual Year applicants) and no later than **July 15** (for resident seminarian admissions). All admissions material should be sent by the Director of Vocations to:

Reverend Joseph T. Shenosky  
Vice Rector  
Saint Charles Borromeo Seminary  
100 East Wynnewood Road  
Wynnewood, PA 19096  
Phone: (610) 785 -6520

## ***Statement***

Saint Charles Borromeo Seminary reserves the right both to investigate and verify all information provided by the applicant and to conduct background checks of the applicant.

## ***Forms and Documents Required for the Admissions Review for Full Formation Program***

The following items should be sent to the Director of Admissions by your Director of Vocations.

1. Documents from the Director of Vocations
  - a. Cover Letter from the Vocation Director indicating that the candidate is sponsored by the (Arch)Diocese or Religious Community and the reasons why the (Arch)Diocesan Admissions Board and/or the Vocation Director thinks the applicant is a strong candidate.
  - b. Confidential Statement of Suitability to be completed by the Director of Vocations. Please assess the strengths and weaknesses of the candidate.
2. Saint Charles Borromeo Seminary Application for Admission Form
3. Applicant's Release Form
4. Autobiography
5. Photographs: Two (2) passport or wallet size photographs of the applicant. A JPG picture may also be emailed to the Office of the Vice Rector at [rpfeiffer@scs.edu](mailto:rpfeiffer@scs.edu).
6. Letters of Recommendation:
  - a. Pastor's Letter of Recommendation
  - b. Two Letters of Recommendation from individuals who are not relatives
7. Psychological and Medical Forms
  - a. Medical History and Report
  - b. Physician's Release of Protected Health Information Form
  - c. Psychological Report
  - d. Psychologist /Psychiatrist's Release of Protected Health Information Form
8. Sacramental Records:
  - a. Baptismal Certificate (must be issued within the past six months, and signed by one of the staff members of the parish where the sacrament took place);
  - b. Confirmation Certificate (must be issued within the past six months and signed by one of the staff members of the parish where the sacrament took place);
  - c. Copy of parents' Marriage Certificate (if applicable)
9. Academic Records
  - a. Transcripts (see below)
  - b. SAT/ACT combined total (for College Seminary applicants)
  - c. TOEFL Results (required for any applicant for whom English is a second language)
10. Immigration information
  - a. I-20 Request Form (in order to process I-20 for Student Visa) (if applicable)
  - b. Copy of Visa (if applicable)
11. Copy of Military Discharge (if applicable)
12. Release form for applicants who were previously in another formation program or sponsored by a different diocese or religious community.

*For applicants who have previously been in a formation program, copies of formation report and testimonial letters from the appropriate authorities of former (Arch)Dioceses and/or Religious Communities are required. A report and letter are required for each seminary and/or (Arch)Diocese or Religious Community by whom the candidate was sponsored and should be submitted with the application.*

### ***Autobiography***

The applicant should write a detailed autobiography 5-7 typed pages in length on the appropriate accompanying sheet. See details on the Autobiography portion of the application.

### ***Letters of Recommendation***

The applicant must include four letters of recommendation in his application packet as follows:

- A letter of recommendation from the Canonical Pastor.
- Three additional letters of recommendation:
  - o One Letter of Recommendation should be from a teacher or professor.
  - o Two Letters of Recommendation can be accepted from any individual who knows the applicant well, is not a relative of the applicant, is not currently a seminarian of this or any other Seminary and is not a Spiritual Director, present or former, for the applicant.

The letters of recommendation should address the following:

- How long have you known the applicant?
- How well have you known him?
- What do you consider to be the applicant's assets, skills, talents, interests, personal qualities?
- What do you consider to be the applicant's significant limitations, physical, mental, social, emotional?
- In your opinion, how would you assess the applicant's character and level of maturity?
- In your opinion, how would you assess the applicant's level of spiritual growth and development?
- What kinds of experience in parish activities and church ministry has he had?
- How would you evaluate his capacity and preparedness to embrace a life of celibacy?

For Archdiocese of Philadelphia applicants, mail Letters of Recommendation to:

Reverend Stephen P. DeLacy  
Vocation Office for the Diocesan Priesthood  
Saint Charles Borromeo Seminary  
100 East Wynnewood  
Road Wynnewood, PA  
19096-3028

For non-Archdiocese of Philadelphia applicants mail Letters of Recommendation to:

Reverend Joseph T.  
Shenosky Vice Rector  
Saint Charles Borromeo  
Seminary 100 East  
Wynnewood Road  
Wynnewood, PA 19096-3028

## ***Academic Transcripts***

The applicant must submit certified original transcripts of academic credits from high school and every college or university attended regardless of the number of courses taken.

These transcripts must be official, bear the seal of the institution and be mailed directly from the institution to the Admissions Office of Saint Charles Borromeo Seminary. Photocopies cannot be accepted in place of official transcripts. Academic transcripts are used to verify the applicant's educational background and to determine academic placement. They also must be available for examination by financial aid auditors.

Transcript requests are made in writing by the applicant. Request requires the applicant's signature and, in most instances, must be accompanied by a transcript fee. If the sponsoring (Arch)Diocese or Religious Community needs official transcripts for its files, the applicant may wish to reduce costs by submitting one request to a school asking that official transcripts be sent to multiple destinations.

Transcripts are released solely for the use of the recipient. For this reason, official transcripts should not be sent by the Vocation Director to Saint Charles Borromeo Seminary.

All applicants to the College Seminary must submit with the application packet SAT/ACT scores and record of all documents certifying successful completion of advanced placement courses.

*Note: Some schools offer official electronic transcripts and the applicant may request electronic transmission of transcripts to [jshenosky@scs.edu](mailto:jshenosky@scs.edu).*

## ***TOEFL Testing***

Any applicant who has English as a second language will be required to undergo the standardized TOEFL examination. A copy of these results should be submitted with the application materials.

## ***Student Loan Deferments***

If an applicant has had a student loan, he may be eligible to defer payment on the loan. It is essential that he file his student loan deferment request at the start of his seminary studies. It is the applicant's obligation to contact the agency which granted the loan to obtain deferment. This should be done prior to entering Saint Charles Borromeo Seminary.

## ***Psychological Assessment***

All applicants are asked to undergo a psychological evaluation, which must be administered by an (arch) Diocesan approved assessor. The purpose of the evaluation is to help the seminary admissions committee determine the applicant's readiness to engage the various dimensions of seminary formation. Within the evaluation, the psychologist/psychiatrist will assess the applicant's cognitive, affective, developmental and relational capabilities through the use of a clinical interview and other standard testing measures. The seminary has outlined specific guidelines for all assessors, regardless of the applicant's diocese. After testing, the assessor will provide the applicant with a feedback session, and then send a written report to his bishop/vocation director. A copy of this report, with the applicant's signed release will then be sent to the seminary as part of his admissions packet.

## ***Learning Disability Documentation***

If the applicant has been diagnosed with a learning disability by a professional, please provide copies of all appropriate documentation which identifies the disability and the extent to which it affects the learning process for the applicant.

## ***Archdiocese of Philadelphia "Safe Environment" Policy***

Due to regulations of the Archdiocese of Philadelphia's *Safe Environment Program* as well as the State of Pennsylvania (regulations governing teaching and some social work positions that are part of the Field Education Program), Saint Charles Borromeo Seminary requires the following background checks to be completed prior to Opening Day:

Applicants are required to have:

1. Federal Criminal Background Check (Fingerprinting)
2. Pennsylvania State Police Criminal Record Check
3. Pennsylvania Department of Public Welfare Child Abuse Clearance Check
4. Safe Environment Training, Protecting God's Children
5. Mandated Reporting (Online Training)
6. Arrest/Conviction Form (Form PDE-6004)
7. Driving Record – Request 3 Year Record from applicable state

Shortly after acceptance, each applicant will be furnished a detailed checklist to assist with their compliance with the *Safe Environment Policy* on a timely basis prior to Opening Day.

### ***Statement of Financial Responsibility***

Sponsorship by a(n) (Arch)Diocese or Religious Community includes attestation by the sponsor of the applicant's suitability to pursue studies in preparation for ordination to the priesthood and represents a commitment on the part of the sponsor to provide to the Seminary the applicable tuition, room and board charges.

Saint Charles Borromeo Seminary invoices the sponsoring (Arch)Diocese or Religious Community directly for such charges. Arrangement for reimbursement, if any, to a diocese or religious community can be made directly by the seminarian with his sponsoring diocese or religious community. Other Seminary-related expenses, including activity fees, health insurance premiums, textbooks, laundry, automobile expenses, et cetera are generally paid by the individual seminarian. Any questions concerning these matters can be directed to the Office for Financial Services (610) 785-6553.

### ***Requirements for Non-American Citizens***

If an applicant is not a United States citizen, proof of immigration status should be submitted to Saint Charles Borromeo Seminary. A student who is a resident alien, for example, should include a copy of his green card, as part of the documentation to be forwarded to his Vocation Director, who in turn will forward the materials to the Saint Charles Borromeo Seminary Admissions Committee.

If an applicant is seeking admission to Saint Charles Borromeo Seminary under F-1 status, an I-20 form is required, and his passport/visa must meet all immigration requirements.

An applicant should be aware that it is his obligation to maintain proper immigration status at all times. The F-1 status is only for full-time students. If a student in F-1 status withdraws from Saint Charles Borromeo Seminary, he must notify the Department of Immigration and Naturalization of his change of address and must apply for the proper immigration status if he wishes to remain in the United States.

### ***FAFSA -Free Application for Federal Student Aid- [www.fafsa.ed.gov](http://www.fafsa.ed.gov)***

Applicant must complete and submit a *Free Application/or Federal Student Aid* (FAFSA) to apply for all federal and state aid. This application must be completed electronically on the Internet by visiting [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The online *FAFSA on the Web Worksheet* allows you to read and complete the questions before entering your information online.

The applicant should contact the Saint Charles Borromeo Seminary Financial Aid Office for additional information: (610) 785-6553.



# SAINT CHARLES BORROMEEO SEMINARY

100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

## Application for Full-Time Seminarists

|   |            |                   |
|---|------------|-------------------|
| Last Name                                 | First Name | Middle Name       |
|   |            |                   |
| Sponsoring Diocese or Religious Community |            | Social Security # |
|   |            |                   |

### Contact Information

|  |            |  |                  |
|--|------------|--|------------------|
| Street Address                                 |            | P.O. Box   | Apartment Number |
|  |            |  |                  |
| City   |            | State  | Zip Code         |
|  |            |  |                  |
| Home Phone                                     | Cell Phone | Work Phone   |                  |
|  |            |  |                  |
| Email Address                                  |            |  |                  |
|  |            |  |                  |
| Driver's License Number and State where issued |            | Will you have a car on campus?                           |                  |
|  |            | Yes <input type="checkbox"/> No <input type="checkbox"/> |                  |

### General Background

|   |  |
|---|--|
| Date of Birth                               |  |
| Place of Birth (City, State)                |  |
| Date of Baptism                             |  |
| Place of Baptism (Parish, City, State)      |  |
| Date of Confirmation                        |  |
| Place of Confirmation (Parish, City, State) |  |
| Confirmed by                                |  |

**Home Parish**

|                |  |        |          |
|----------------|--|--------|----------|
| Parish         |  | Pastor |          |
|                |  |        |          |
| Street Address |  |        | P.O. Box |
|                |  |        |          |
| City           |  | State  | Zip Code |
|                |  |        |          |

**Country of Citizenship**

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| Are you a citizen of the United States of America? |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no  | Of what country are you a citizen?                     |                              |                             |
|  | Do you have a visa for your stay in the United States? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Visa Type  |                              |                             |
|  | Visa Number  |                              |                             |
|  | Do you need help with an I-20?*                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*A copy of your visa should be submitted with your application.*

*\*An I-20 Application Form is available from the Admissions Office.*

**Ethnic Background:**

|   |                          |
|---|--------------------------|
| HISPANIC OF ANY RACE                      | <input type="checkbox"/> |
| NONRESIDENT ALIEN                         | <input type="checkbox"/> |
| RACE AND ETHNICITY UNKNOWN                | <input type="checkbox"/> |
| FOR NON-HISPANIC ONLY:                    |                          |
| AMERICAN INDIAN OR ALASKA NATIVE          | <input type="checkbox"/> |
| ASIAN                                     | <input type="checkbox"/> |
| BLACK OR AFRICAN AMERICAN                 | <input type="checkbox"/> |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> |
| WHITE                                     | <input type="checkbox"/> |
| TWO OR MORE RACES                         | <input type="checkbox"/> |
| OTHER: PLEASE SPECIFY                     |                          |

*TO COMPLY WITH FEDERAL LAW, SAINT CHARLES BORROMEIO SEMINARY IS REQUIRED TO PROVIDE THE ABOVE RACIAL/ETHNIC INFORMATION TO THE U.S. DEPARTMENT OF EDUCATION. THIS INFORMATION IS VOLUNTARY, DOES NOT ENTER INTO ADMISSIONS DECISIONS, AND WILL NOT BE USED FOR ANY OTHER PURPOSES.*

**Military Service:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Selective Service Number:                |                              |                             |
| Have you ever served in the Armed Forces | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| If Yes  | Branch of Service:                                     |                              |                             |
|   | Date s of Service (MM-DD-YY to MM-DD-YY)               |                              |                             |
|   | Date of Discharge (MM-DD-YY)                           |                              |                             |
|   | Type of Discharge                                      |                              |                             |
|   | Are you presently on Active Duty?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | Are you presently in the Reserves of the Armed Forces? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p><i>If you are presently on active duty or in the reserves please give details of your service requirements. A copy of your discharge should be submitted with the application.</i></p> |  |                              |                             |

***Family Information***

***Father:***

|                                    |            |                                 |                                   |
|------------------------------------|------------|---------------------------------|-----------------------------------|
| Name (First, Middle Initial, Last) | Religion   |                                 |                                   |
|                                    |            | Living <input type="checkbox"/> | Deceased <input type="checkbox"/> |
| Address: Street                    | City       | State                           | Zip Code                          |
|                                    |            |                                 |                                   |
| Home Phone                         | Work Phone | Cell Phone                      |                                   |
|                                    |            |                                 |                                   |
| Occupation                         |            |                                 |                                   |
|                                    |            |                                 |                                   |

***Mother:***

|   |            |                                 |                                   |
|---|------------|---------------------------------|-----------------------------------|
| Name (First, Middle Initial, Maiden Name) | Religion   |                                 |                                   |
|   |            | Living <input type="checkbox"/> | Deceased <input type="checkbox"/> |
| Address: Street                           | City       | State                           | Zip Code                          |
|   |            |                                 |                                   |
| Home Phone                                | Work Phone | Cell Phone                      |                                   |
|   |            |                                 |                                   |
| Occupation                                |            |                                 |                                   |
|   |            |                                 |                                   |

***Parents Marital Status***

|                                |                          |                        |                          |
|--------------------------------|--------------------------|------------------------|--------------------------|
| Sacramental and Civil Marriage | <input type="checkbox"/> | Widowed and Remarried  | <input type="checkbox"/> |
| Civil Marriage                 | <input type="checkbox"/> | Divorced               | <input type="checkbox"/> |
| Separated                      | <input type="checkbox"/> | Divorced and Remarried | <input type="checkbox"/> |
| Widowed                        | <input type="checkbox"/> |                        |                          |





**Emergency Contact II**

|                                    |            |                           |          |
|------------------------------------|------------|---------------------------|----------|
| Name (First, Middle Initial, Last) |            | Relationship to Applicant |          |
|                                    |            |                           |          |
| Address: Street                    | City       | State                     | Zip Code |
|                                    |            |                           |          |
| Home Phone                         | Cell Phone | Work Phone                |          |
|                                    |            |                           |          |
| Employer                           |            |                           |          |

**Educational Background**

|  |                          |                       |                          |
|--|--------------------------|-----------------------|--------------------------|
| <i>If accepted into Saint Charles Borromeo Seminary, for which class are you applying?</i> |                          |                       |                          |
| <b>College</b>   | <input type="checkbox"/> | <b>Spiritual Year</b> | <input type="checkbox"/> |
| <b>Pre-Theology</b>  | <input type="checkbox"/> | <b>Theology</b>       | <input type="checkbox"/> |

**Standardized Testing Scores: (For Admission to College Seminary Only)**

|                         |              |
|-------------------------|--------------|
| Combined SAT/ACT score: | Total Score: |
|-------------------------|--------------|

**Language Abilities**

|   |                              |                             |      |       |
|---|------------------------------|-----------------------------|------|-------|
| Is English your native language?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |      |       |
| If No, Please Provide TOEFL Score*  |                              |                             |      |       |
| Please list languages besides English which you use and indicate your level of proficiency. |                              |                             |      |       |
| Language  | Listen                       | Speak                       | Read | Write |
|   |                              |                             |      |       |
|   |                              |                             |      |       |
|   |                              |                             |      |       |
| *TOEFL required/ or anyone whose native language is not English                             |                              |                             |      |       |

**Advanced Placement Courses**

|   |             |                |       |
|---|-------------|----------------|-------|
| Have you successfully completed any advanced placement course? If so please indicate the institution, the name of the course, the date completed, and the grade obtained in the course. <b>Official documentation verifying this information should be included in the application.</b> |             |                |       |
| Course  | Institution | Date Completed | Grade |
|   |             |                |       |
|   |             |                |       |
|   |             |                |       |

***Elementary/Middle School/s***

| Dates Attended<br>(YYYY-YYYY) | Name/Location of Institution | Graduation Year |
|-------------------------------|------------------------------|-----------------|
|                               |                              |                 |
|                               |                              |                 |
|                               |                              |                 |
|                               |                              |                 |
|                               |                              |                 |

***High School/s***

| Dates Attended | Name/Location of Institution | Graduation Year<br>Class Rank/GPA |
|----------------|------------------------------|-----------------------------------|
|                |                              |                                   |
|                |                              |                                   |
|                |                              |                                   |
|                |                              |                                   |
|                |                              |                                   |
|                |                              |                                   |

***Colleges or Universities***

| Dates Attended  | Name/Location of Institution | Graduation<br>Year/GPA/Degree |                             |
|---|------------------------------|-------------------------------|-----------------------------|
|   |                              |                               |                             |
|   |                              |                               |                             |
|   |                              |                               |                             |
|   |                              |                               |                             |
|   |                              |                               |                             |
| Were you born into or raised in another Church or religious body other than the Roman Catholic Church?  |                              | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Have you ever formally, after baptism, joined a schismatic church (e.g., Orthodox Church, Polish National) or been a member of a group who has valid sacraments but is not in union with the Roman Pontiff? |                              | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Have you ever been a member of any society which opposes the Church or legitimate authority of the Church?  |                              | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Have you ever been away from the Church for a period of time?   |                              | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Have you been Baptized, Confirmed, or received into the Catholic Church within the last three years?  |                              | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Have you ever been, or are you now, a member of the Masons, or any secret societies which oppose the Church or legitimate civil authority?  |                              | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |

*14b. If you answered yes to any of these questions, please provide details - length of time away from the church and the circumstances of your return to the Church.*

***Questionnaire Section***

*The following questions will help you articulate your personal motivation to the priesthood and will assist the Seminary Admissions Committee in evaluating your application as a seminary candidate. Please be as clear and concise in your responses as possible.*

***Vocation Background***

1. What prompts your decision to apply to Saint Charles Borromeo Seminary at this time?

2. Why do you want to be a priest?

3. Are there any teachings of the Catholic Church that you find hard to understand or difficult to accept?

|  |
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4. Do you fully accept the teachings of the Church as articulated in the Catechism of the Catholic Church?

|  |
|--|
|  |
|--|

5. What is your understanding of obedience to the Bishop of the diocese and/or your religious superior?

|  |
|--|
|  |
|--|

6. What is your understanding of celibacy? Can you see yourself making this promise one day?

|  |
|--|
|  |
|--|

7. If you are not to become a priest, which other careers would you consider or have you considered?

8. What has been your family's support of your being in the seminary?

9. Have you ever been engaged?

Yes

No

Have you ever exchanged marital consent with someone else in any type of marriage ceremony; whether civil or religious, Catholic or non-Catholic?

Yes

No

Have you ever been civilly divorced or received a civil annulment?

Yes

No

Have you ever fathered a child?

Yes

No

Are you financially or legally responsible for any minor children?

Yes

No

*If you have answered YES to any of these five questions, please explain fully.*

10. Do you consider your sexual orientation or sexual identity as having a homosexual disposition, i.e. strong inclinations, deep-seated tendencies, or actual practice/lifestyle?

Yes

No

11. Is there anything in your past which may cause someone to raise objection to your acceptance?

Yes

No

11b. If yes, please comment:

|  |
|--|
|  |
|--|

12. Have you ever performed an activity reserved to priests or bishops? Yes  No

If yes, please comment:

|  |
|--|
|  |
|--|

13. Have you ever attended (or ever been refused admission into) any Seminary, Religious Order, or Community? Yes  No

If yes, please give details, including address and telephone number.

|  |
|--|
|  |
|--|

14. Have you ever been sponsored by a diocese or religious community other than your present diocese or religious community? Yes  No

If yes, please give details concerning your transfer.

|  |
|--|
|  |
|--|

15. Have you ever applied for admission to Saint Charles Borromeo Seminary prior to this application? Yes  No

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever entered, even for a trial period, a Religious Order or Community of priests or brothers?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever taken vows in a Religious Order or Community of priests or brothers?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been refused advancement to the Diaconate or Priesthood in any Diocese of Religious Order?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If you answered 'yes' to any of the above, please provide details including dates and information on the Religious Order or Community.</i> |                              |                             |
|   |                              |                             |

|  |                  |          |  |
|--|------------------|----------|--|
| 16. Have you ever been admitted to any of the following: |                  |          |  |
| Ministry/Order   | Date of Ceremony | Location | Bishop   |
| Lector   |                  |          |  |
| Acolyte  |                  |          |  |
| Candidacy  |                  |          |  |
| Diaconate  |                  |          |  |
| 17. Have you ever been ordained for any other Church?    |                  |          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If yes, please give details.</i>                      |                  |          |  |
|  |                  |          |  |

***Faith Formation Background***

|  |
|--|
| 18. Please indicate the nature and extent of your religious education. |
|  |



|   |                              |                             |
|---|------------------------------|-----------------------------|
| 19. Have you been involved in voluntary service in your parish, school, community or any associations?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please state the nature of the service, and give details of time and place.</i>  |                              |                             |
|   |                              |                             |
| 20. List the ways in which you have been involved in your local church community (e.g., parish, campus Ministry, military base, etc.) |                              |                             |
|   |                              |                             |
| 21. What is your understanding of the role of laity in Church ministry?   |                              |                             |
|   |                              |                             |

22. What do you think is the least positive aspect about the contemporary Church?

23. What current social issue(s) do you find problematic and what is your opinion about it (them)?



|   |                              |                             |
|---|------------------------------|-----------------------------|
| 28. Do you have any responsibilities for the care of someone else's finances or material goods, such as being the executor of an estate, holding a power of attorney, or acting as a surety for another person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have anyone who is dependent financially on you?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please provide details of your responsibilities.</i>   |                              |                             |
|   |                              |                             |

***Health Related Questions***

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 29. Do you have any physical handicaps or limitations?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your vision, hearing or speech impaired in any way?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any allergy to wheat products (sensitivity to gluten?) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please describe.</i>                                    |                              |                             |
|  |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 30. Have you engaged in the use of "recreational" drugs?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently use recreational drugs?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently use tobacco products?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you engaged in the use of alcohol?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a tattoo(s) or body piercing(s)? Describe the tattoo and identify the location.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If you answered "yes" to any of these questions please indicate frequency, circumstances, duration and intensity of this use in the past and at the present.</i> |                              |                             |
|   |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 31. Have you ever been treated medically or through any self-help or professional program for alcoholism, drug addiction, eating disorder, gambling, or other compulsive behavior? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been, or are you now, under treatment for a nervous or psychological disorder?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has any immediate family member (father, mother, brothers, sisters, uncles, aunts) ever been or is now under treatment for a nervous or psychological disorder?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If you answered "yes" to any of these questions, please give details.</i>   |                              |                             |
|  |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 32. Have you ever been hospitalized?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been involved in any serious accidents?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently taking any prescribed medication(s)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If you answered "yes" to any of these questions, please provide details (including any medication(s) you are taking at the present time and the reason(s) for the prescription).</i> |                              |                             |
|   |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 33. Has it ever been suspected, or have you ever been diagnosed with a learning disability? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

*33b. If yes, please give details and provide appropriate documentation*

***Questions Related to Social Life***

34. Please list some of your personal hobbies/pastimes.

35. Describe your social life and friendships.

36. Describe your use of social media, the role it has in your life, and the average time spent on it each day.

37. Describe your use/time spent on electronic entertainment (e.g. video games, movies, television, etc...)

38. How do you think a seminarian should relate to female friends and co-workers?

39. Describe your understanding of masculine sexuality.

***Employment Background***

40. List the jobs you have held and indicate why you left each position.

| Job Position | Dates (YY-YY) | Employer | Reason for Departure |
|--------------|---------------|----------|----------------------|
|              |               |          |                      |
|              |               |          |                      |
|              |               |          |                      |
|              |               |          |                      |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 41. Do you currently hold any public offices which involve a participation in the exercise of civil power, such as political or governmental office? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please detail.</i>  |                              |                             |
|  |                              |                             |

***Miscellaneous Questions***

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 42. Have you ever been arrested or associated with a major crime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please explain.</i>                                    |                              |                             |
|   |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 43. Have you ever committed voluntary homicide or procured an abortion or actively cooperated in an abortion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please explain.</i>  |                              |                             |
|   |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 44. Have you ever provided someone with the “morning after pill” or so called “emergency contraception”? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If yes, please explain.</i>   |                              |                             |
|  |                              |                             |



|   |                              |                             |
|---|------------------------------|-----------------------------|
| 45. Have you ever seriously and maliciously mutilated yourself or anyone else or attempted suicide? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

*If yes, please explain.*

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 46. Are there any other self-disclosures you would like to make in order to help Saint Charles Seminary obtain a better understanding of you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

*If yes, please explain.*

47. Please list any additional comments.

Signed: \_\_\_\_\_

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

## ***Autobiography***

The applicant should write a detailed autobiography 5-7 ***typed*** pages in length on the appropriate accompanying sheet. It should include the following:

### Family History:

- Indicate the place and date of birth and where you grew up.
- Describe your family, e.g., number in your family (parents, brothers and sisters, etc.). Were you the youngest/oldest? Describe your parent's relation with each other and how would you describe your relationship with your father, mother, brothers, sisters.
- Describe the happiest and saddest events in your childhood.
- Describe any crises, deaths, illnesses, addictions in you or your family and how you dealt with each of these.

### School History:

- List your most recent school and location (a complete listing of all your schools is requested later in the application)
- Describe your school experiences (grades, relationships with teachers and other students.
- What were you most successful in achieving in school?
- What was the most difficult for you in school?

### Work History:

- List your most recent employment and reason for leaving.
- Did you ever receive any awards or commendations for your work?
- Were you ever fired or terminated from your work in any way? If so, explain.
- What did you enjoy most about your work?
- What do you find most difficult in your job?
- Were you allowed to exercise leadership in any capacity in your work?

### Spiritual Development:

- Name the key people in your life who have influenced your image of yourself, of God, of the Church? How did these people have an impact on your life? Give examples.
- Describe who God is for you.
- How do you nourish your life of faith?
- If you have been in spiritual direction describe that experience.
- Describe your experience of having been of service to others? What did you enjoy most about serving others? How have you grown as a result?
- How and when did you first feel called to the priesthood? How do you experience this call now?
- What gifts do you bring to share with others?

### Relational Development:

- How do you make friends and maintain friendships?
- Describe your best friend. How would your best friend describe you? How would your other friends describe you?
- Discuss your dating experiences. Have you been engaged or married? Have you had any other exclusive relationship(s)? If so, describe.
- What has been your most important relationship outside of your family?;
- Describe your experience of trying to live a chaste lifestyle.

### Personal Development:

- Describe what you do to relax, spend free time.
- What has been the most eye-opening experience of your life?
- What would you say are the major satisfactions and problems you have faced in life?
- Describe one of the biggest decisions you have made in your life and how you discerned your course of action.
- In entering seminary formation, what do you see as areas of growth for yourself?



# SAINT CHARLES BORROMEO SEMINARY

100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

## Immunization/Tests

All incoming students are required to obtain the required immunizations and tests as stated on the Saint Charles Borromeo Seminary Medical Application. Vaccine preventable diseases continue to occur on college campuses, thus immunity is important to our seminary community facilitating the pursuit of academic and formation paths. No prior vaccine exemptions from previous schools/states will be recognized. A request for vaccine(s) exemption(s) is available for medical issues.

The following are the Immunization Requirements/Tests for Registration at Saint Charles Borromeo Seminary, as required by the Archdiocese of Philadelphia and as recommended by the Pennsylvania Department of Health, Advisory Committee on Immunization Practices (ICIP)(CDC), and the American College Health Association (ACHA)

The Saint Charles Borromeo Seminary Medical History and Physicians Report must be filled out and submitted along with the application packet. The following must be completed and submitted with your application materials:

1. A completed health record: Medical history; medications, allergies, medical problems, etc.
2. Documented physical exam within the **last two years of admission if all is normal**, otherwise **a physical exam within 365 days prior to admission**.
3. All required immunizations documented on the Saint Charles Borromeo Seminary medical form, including:
  - **Tdap** (Tetanus, Diphtheria, Pertussis) – these three antigens are given as one booster shot– required within 10 years of admission. (Three previous series given by grade school)
  - **Polio** (if under age 18 yrs.) three dose basic series if not done in childhood
  - **MMR** (Measles, Mumps, Rubella) – usually given as combination shot containing all three antigens, 2 doses required, or proof of immunity to the three diseases.
  - **Varicella** (Chicken Pox) – History of the disease (date needed); a positive blood titer (blood test showing immunity), or 2 doses given at least 1 month apart
  - **Hepatitis B** – a series of 3 doses given at certain intervals are required to achieve immunity. Or a blood test proving immunity.
  - **Meningococcal** – Neisseria Meningitis (serotypes A, C, Y, and W-135 – PA State Law requires all students 21 years of age and younger living on campus to have documentation of a dose at 16 years or older. There is a legal waiver if you decline this vaccine.
  - **Tuberculosis skin test (PPD) or Gamma Interferon (IDRA)** – required within last 12 months of admission. Or an INRA blood test showing no active/latent TB. If you received a BCG vaccine in the past an IGRA test is recommended. For positive results of a PPD, a chest x-ray must follow.
4. Required bloodwork: **CBC, HIV, Urinalysis, and Urine Drug Screen**. All other blood work such as CMP, TSH, T4, T3, lipids may be done at the discretion of the physician – please attach results to the Medical Application.

**Any questions, please contact Carol Wermuth, RN, BSN, Student Health Services, [cwermuth@scs.edu](mailto:cwermuth@scs.edu).**



# SAINT CHARLES BORROMEEO SEMINARY

100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

## Medical History and Physician's Report

|                    |            |                |
|--------------------|------------|----------------|
| Last Name          | First Name | Middle Initial |
|                    |            |                |
| Sponsoring Diocese |            | Date of Birth  |
|                    |            |                |

### Contact Information

|                |            |            |                  |
|----------------|------------|------------|------------------|
| Street Address |            | P.O. Box   | Apartment Number |
|                |            |            |                  |
| City           |            | State      | Zip Code         |
|                |            |            |                  |
| Home Phone     | Cell Phone | Work Phone |                  |
|                |            |            |                  |
| Email address  |            |            |                  |
|                |            |            |                  |

### Emergency Contact

|                                    |            |            |                  |
|------------------------------------|------------|------------|------------------|
| Name (first, middle initial, last) |            |            |                  |
| Relationship to Applicant:         |            |            |                  |
| Address                            |            | P.O/ Box   | Apartment Number |
|                                    |            |            |                  |
| City                               |            | State      | Zip Code         |
|                                    |            |            |                  |
| Home Phone                         | Cell Phone | Work Phone |                  |
|                                    |            |            |                  |
| Email address:                     |            |            |                  |
|                                    |            |            |                  |

*In case of serious emergency/illness students utilize local hospitals/clinics. The student, or if a minor, the parent/guardian, will be accountable for all hospital fees and follow up treatment. I give permission to the person/persons in charge to secure for me or my minor child appropriate medical treatment.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR TREATMENT (Required if applicant is 18 or younger)**

**Student Name:** \_\_\_\_\_

I hereby give consent for my minor child, \_\_\_\_\_ to receive routine care at the student health infirmary and in the event of an **EMERGENCY**, give permission to Saint Charles Borromeo Seminary personnel and the hospital to secure appropriate treatment for this minor.

**Parent/Guardian signature** \_\_\_\_\_

In the event of an **EMERGENCY**, I hereby give permission to Saint Charles Borromeo Seminary personnel and the hospital to secure for me appropriate treatment.

**(Student signature)** \_\_\_\_\_

**Other Information (required for all applicants)**

**ALLERGIES** - Please list all allergies to **drugs, food, animals, environmental, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS** – Please list all allergies to **drugs, food, animals, environmental, etc.**

| CONDITION | MEDICATION | CONDITION | MEDICATION |
|-----------|------------|-----------|------------|
|           |            |           |            |
|           |            |           |            |
|           |            |           |            |
|           |            |           |            |
|           |            |           |            |

**Family History**

|           | AGE | STATE OF HEALTH | OCCUPATION | AGE AT DEATH | CAUSE OF DEATH |
|-----------|-----|-----------------|------------|--------------|----------------|
| Father    |     |                 |            |              |                |
| Mother    |     |                 |            |              |                |
| Siblings: |     |                 |            |              |                |
|           |     |                 |            |              |                |
|           |     |                 |            |              |                |
|           |     |                 |            |              |                |
|           |     |                 |            |              |                |
|           |     |                 |            |              |                |
|           |     |                 |            |              |                |

**Student Name:** \_\_\_\_\_

Have any of your relatives ever had any of the following?

| ILLNESS  | YES | NO | RELATIONSHIP |
|--|-----|----|--------------|
| Alcohol/Drug Addiction                             |     |    |              |
| Asthma/Hay Fever                                   |     |    |              |
| Autoimmune Diseases                                |     |    |              |
| Cancer   |     |    |              |
| Diabetes   |     |    |              |
| Heart Disease                                      |     |    |              |
| High Blood Pressure                                |     |    |              |
| High Cholesterol                                   |     |    |              |
| Kidney Disease                                     |     |    |              |
| Mental Illness                                     |     |    |              |
| Neurological Disorders<br>(e.g. ADD/ADHD/Dyslexia) |     |    |              |
| Seizures/Epilepsy                                  |     |    |              |
| Stomach Problems                                   |     |    |              |
| Stroke   |     |    |              |
| Tuberculosis                                       |     |    |              |

### Personal History

Have you **ever had any** of the following? Check "**yes**". Have you **had any of the following in the past year?** Check "**recent**". Please explain all positive answers in the space below or on a supplemental sheet.

|                               | YES | RECENT |                                   | YES | RECENT |
|-------------------------------|-----|--------|-----------------------------------|-----|--------|
| Accidental loss of urine      |     |        | Infectious Mononucleosis          |     |        |
| ADD/ADHD/Learning differences |     |        | Insomnia/Sleep Problems           |     |        |
| Albumin/Sugar in urine        |     |        | Jaundice                          |     |        |
| Altered taste or smell        |     |        | Kidney Problems/Disease           |     |        |
| Anemia                        |     |        | Leg Cramps                        |     |        |
| Ankle/foot swelling           |     |        | Hepatitis                         |     |        |
| Arthritis/Arthralgia          |     |        | Measles (Rubeola)                 |     |        |
| Asthma                        |     |        | Loss of Consciousness             |     |        |
| Back Pain/Problems            |     |        | Mumps                             |     |        |
| Blood Disorders               |     |        | Neuritis/Neuralgia                |     |        |
| Bursitis/Tendonitis           |     |        | Numbness/Tingling                 |     |        |
| Cancer                        |     |        | Autoimmune Diseases               |     |        |
| Bowel Problems                |     |        | Pain/Pressure in Chest            |     |        |
| Chicken Pox                   |     |        | Palpitations/Irregular Heart Beat |     |        |
| Lung Disease/Bronchitis       |     |        | Phlebitis                         |     |        |
| Depression or Mental Illness  |     |        | Pneumonia                         |     |        |
| Deviated Septum               |     |        | Prostatitis/Epididymitis          |     |        |
| Diabetes Mellitus             |     |        | Purple Lips or Finger s           |     |        |
| Dizziness/Fainting            |     |        | Rectal Problem s/ bleeding        |     |        |

|                              |  |  |                                  |  |  |
|------------------------------|--|--|----------------------------------|--|--|
| Easy Tiring                  |  |  | Recurrent Nose Bleeds            |  |  |
| Eating Disorders             |  |  | Recurrent Sinus Infections       |  |  |
| Elevated Cholesterol levels  |  |  | Recurrent Urinary Infections     |  |  |
| Enlarged Glands/ Lumps       |  |  | Rheumatic Fever                  |  |  |
| Eye/Vision problems          |  |  | Scarlet Fever                    |  |  |
| Fever s/ Sweat s             |  |  | Seizure Disorder                 |  |  |
| Frequent Anxiety             |  |  | Shortness of Breath              |  |  |
| Frequent Ear Infections      |  |  | Skin Rashes / Sores              |  |  |
| Frequent Urination           |  |  | STD                              |  |  |
| Gallbladder Disease/Stones   |  |  | Stomach/ Intestinal Problems     |  |  |
| German Measles (Rubella)     |  |  | Tics                             |  |  |
| Head Injury                  |  |  | Teeth/Gum Problems               |  |  |
| Hearing Problems             |  |  | Tuberculosis/ or Exposure        |  |  |
| Heart Problems s/ Murmurs    |  |  | Tumor/ Cyst                      |  |  |
| Hernia                       |  |  | Varicose Veins                   |  |  |
| High/Low Blood Sugar         |  |  | Weakness/ Paralysis              |  |  |
| High/Low Blood Pressure      |  |  | Weight Loss/Gain                 |  |  |
| Recurrent Sore Throats/Strep |  |  | Immune Deficiency                |  |  |
| Easy Bruising                |  |  | Recurrent Headaches/Migraines    |  |  |
| Thyroid Disease              |  |  | Drug / Alcohol Dependence/ Abuse |  |  |
| Stroke                       |  |  | Parasitic Diseases               |  |  |
| Comments:                    |  |  |                                  |  |  |

### Surgery and/or Hospitalizations:

|  |  |  |  |
|--|--|--|--|
| Surgery:                                     | Type of Surgery:                                       | Year:  |  |
|  |  |  |  |
|  |  |  |  |
| Hospitalizations:                            | Reason:  | Year:  |  |
|  |  |  |  |
|  |  |  |  |
| Transfusions or Blood Products Received:     |  | Yes: <input type="checkbox"/> <input type="checkbox"/> | No: <input type="checkbox"/> <input type="checkbox"/>  |
| If Yes, list type:                           |  |  |  |
| Last EKG Date:                               |  | Last Chest X-Ray Date:                                 |  |
| Last Physical Exam Date:                     |  | Last General blood studies done:                       |  |
| Last Rectal Exam Date:                       |  | Do you have Dental Problems?                           | Yes: <input type="checkbox"/> <input type="checkbox"/> |
| Do you wear Eye glasses?                     | Yes: <input type="checkbox"/> <input type="checkbox"/> | Date of Last Eye Exam:                                 |  |
| Do you use a hearing aid?                    | Yes: <input type="checkbox"/> <input type="checkbox"/> | Date of Last Hearing Test?                             |  |
| How is your appetite?                        | Good <input type="checkbox"/> <input type="checkbox"/> | Fair <input type="checkbox"/> <input type="checkbox"/> | Poor <input type="checkbox"/>                          |
| Have you ever had alcohol or drug addiction? |  | Yes: <input type="checkbox"/> <input type="checkbox"/> | No: <input type="checkbox"/> <input type="checkbox"/>  |
| Have you ever used illegal drugs?            |  | Yes: <input type="checkbox"/> <input type="checkbox"/> | No: <input type="checkbox"/> <input type="checkbox"/>  |
| If yes, indicate kind and frequency of use:  |  |  |  |
| Other X-Rays in last 5 years:                |  |  |  |

**Student Name:** \_\_\_\_\_

**Physical Examination (must be within 2 years of admission)**

|  |  |               |              |            |          |
|--|--|---------------|--------------|------------|----------|
| EXAMINING PHYSICIAN: Please review the applicant's history and complete the following pages.                     |  |               |              |            |          |
| Please comment on all <b>abnormal results</b> .<br><i>N= FOR NORMAL                      X= FOR NOT EXAMINED</i> |  |               |              |            |          |
| Height-Inches  |  | Weight-Pounds |              | Overweight |          |
| Underweight  |  |               |              |            |          |
| Blood Pressure   |  | Heart Rate    | Heart Rhythm |            |          |
| Eyes   |  | Fundi         |              |            |          |
| Uncorrected Vision   |  |               | Near:        |            | Distant: |
| Corrected Vision   |  |               | Near:        |            | Distant: |
| Hearing  |  |               |              |            |          |
| Head   |  |               |              |            |          |
| Eyes   |  |               |              |            |          |
| Ears   |  |               |              |            |          |
| Nose   |  |               |              |            |          |
| Throat   |  |               |              |            |          |
| Mouth, Teeth, Gums   |  |               |              |            |          |
| Neck/Thyroid   |  |               |              |            |          |
| Lymph Nodes  |  |               |              |            |          |
| Lungs/Respiratory  |  |               |              |            |          |
| Heart  |  |               |              |            |          |
| Cardiovascular/Pulses  |  |               |              |            |          |
| Abdomen/Inguinal   |  |               |              |            |          |
| Back/Spine   |  |               |              |            |          |
| Musculoskeletal/Extremities  |  |               |              |            |          |
| Genitourinary  |  |               |              |            |          |
| Rectal/Prostate  |  |               |              |            |          |
| Neurologic   |  |               |              |            |          |
| Mental Status  |  |               |              |            |          |
| Metabolic/Endocrine*   |  |               |              |            |          |
| Integumentary  |  |               |              |            |          |
| Other Findings   |  |               |              |            |          |
| <b>Physician's general comments:</b>   |  |               |              |            |          |



**Student Name:** \_\_\_\_\_

**Physician to complete:**

Is the person under treatment for any emotional or physical illness?

Yes  No

Please explain:

Is there loss or seriously impaired function of any limb or organ?

Yes  No

Please explain:

Recommendations for physical activity (PE, intramural sports...):

Unlimited  Limited

Please explain limited activity:

Do you have any recommendations regarding the care of this student?

Yes  No

Please explain:

Student Name: \_\_\_\_\_

**Immunizations/Tests**

|   |          |                  |                                     |
|---|----------|------------------|-------------------------------------|
| <b>The Following are the Immunization Requirements/Tests for Registration at Saint Charles Borromeo Seminary, as Recommended by the Pennsylvania Department of Health, Advisory Committee on Immunization Practices (ICIP)(CDC), and the American College Health Association (ACHA)</b> |          |                  |                                     |
|   |          | VACCINE DATE     |                                     |
| <b>DTP/DTaP</b> (DIPHTHERIA, TETANUS, PERTUSSIS)<br>BASIC SERIES OF THREE   |          |                  |                                     |
| <b>TD or Tdap BOOSTER</b> WITHIN 10 YRS.  |          |                  |                                     |
| <b>POLIO:</b> THREE DOSE BASIC SERIES < 18 yrs.   |          |                  |                                     |
| <b>VARICELLA:</b> EITHER A HISTORY OF CHICKEN POX, A POSITIVE VARICELLA TITER, OR TWO DOSES OF VACCINE GIVEN AT LEAST ONE MONTH APART. DATES PLEASE   |          |                  |                                     |
| DOSE #1   | DOSE #2  | DATE OF DISEASE  | DATE OF POSITIVE TITER (ATTACH LAB) |
| DATE:   | DATE:    | DATE:            | DATE:                               |
| <b>MMR (MEASLES/MUMPS/RUBELLA):</b> TWO DOSES REQUIRED OR DOCUMENTED HISTORY OF DISEASE, OR POSITIVE TITER FOR ANY OF THESE DISEASES. DATES PLEASE  |          |                  |                                     |
| DATE OF DOSE #1:  |          | DATE OF DOSE #2: |                                     |
|   | MEASLES: | MUMPS:           | RUBELLA (GERMAN MEASLES):           |
| DATE OF DISEASE:  |          |                  |                                     |
| DATE OF POSITIVE TITER: (PLEASE ATTACH LABS)  |          |                  |                                     |
| <b>HEPATITIS B:</b> ALL ENTERING STUDENTS SHOULD HAVE COMPLETED THE SERIES OF THREE DOSES. POSITIVE HEPATITIS B SURFACE ANTIBODY MEETS THE REQUIREMENT. DATES PLEASE  |          |                  |                                     |
| DOSE 1:   | DOSE 2:  | DOSE 3:          |                                     |
| HEPATITIS B SURFACE ANTIBODY  | DATE:    | RESULT:          | (ATTACH LAB)                        |

**MENINGOCOCCAL QUADRIVALENT(A, C,Y,W-135):** Pennsylvania State Law requires all students of 21 yrs. and younger living on campus to have documentation of a dose of conjugated vaccine at 16 years or older. Obtain the vaccine or sign the waiver after reviewing the information. Also for any student who wishes to protect themselves, or persons with complement deficiency/splenic,

|                |               |               |
|----------------|---------------|---------------|
| VACCINE TYPES: | VACCINE DATE: | VACCINE DATE: |
|----------------|---------------|---------------|

**TUBERCULOSIS SKIN TEST (PPD) (required within last twelve months) or IGRA**

Please refer to [www.cdc.gov](http://www.cdc.gov) for full list of TB high risk groups. If you received a BCG vaccine in the past on an IGRA test is recommended

PPD PLACEMENT DATE: \_\_\_\_\_ DATE RESULTS \_\_\_\_\_

IGRA test results: \_\_\_\_\_

A CHEST X-RAY IF ANY TEST IS POSITIVE. DATE OF X-RAY \_\_\_\_\_ RESULTS: \_\_\_\_\_

(\*If positive results and free of active disease, consider treatment for latent TB illness)

Student Name: \_\_\_\_\_

*Recommended Vaccines:*     Meningococcal Group B 1<sup>st</sup> dose \_\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_\_

Annual Flu Shot    Date: \_\_\_\_\_

**REQUIRED LABORATORY TESTS**

**REQUIRED BLOOD TESTS** must be within two years prior to admission. Blood work such as CMP, TSH, T4, T3, Lipids are at the discretion of the physical – please attach labs.

|                          |  |
|--------------------------|--|
| <b>CBC</b>               |  |
| <b>HIV</b>               |  |
| <b>Urinalysis</b>        |  |
| <b>Urine Drug Screen</b> |  |

**Additional Remarks or Comments by examining Physician:**

**Physician's Information**

|                            |                   |                 |
|----------------------------|-------------------|-----------------|
| <b>Name (Please Print)</b> | <b>Telephone:</b> |                 |
|                            | <b>Fax:</b>       |                 |
| <b>City</b>                | <b>State</b>      | <b>Zip Code</b> |
|                            |                   |                 |

**Physician Signature:** \_\_\_\_\_

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

**Insurance Information:**

**Plan:** \_\_\_\_\_    **Member Name** \_\_\_\_\_

**ID#:** \_\_\_\_\_    **Grp#:** \_\_\_\_\_

**Member Services Number:** \_\_\_\_\_

Student Name: \_\_\_\_\_

## INFORMATION ON MENINGOCOCCAL MENINGITIS

Under the terms of the College and University Student Vaccination Act signed in June 2002, requires all students living on campus 21 years or younger, to have documentation that they received a Meningococcal Vaccine at 16 years or older or sign a waiver.

Meningococcal disease is a rare but potentially fatal bacterial infection of the membranes surrounding the brain and spinal cord, or meningococemia (bacteria in the blood). About 9-12% of people with this disease die even with treatment, and those who recover may have serious after-effects like permanent hearing loss, limb loss, or brain damage. Outbreaks are mostly due to *Neisseria Meningitis* which has risen on college campuses in recent years. Research has shown that students residing in dormitories appear to be at higher risk than college students overall, and freshmen living in dormitories have a six-fold risk. Safe, effective vaccines are available to protect against this serious disease. The vaccines provide protection against serogroups A, C, Y and W-135. The duration of protection is about 3-5 years. Persons at risk should get the vaccine every 3-5 years.

For further information on this type of Meningococcal Meningitis please see [www.vaccineinformation.org](http://www.vaccineinformation.org) [www.immunize.org](http://www.immunize.org) [www.cdc.org](http://www.cdc.org)

### MENINGITIS WAIVER (A, C, Y, and W-135)

**DECLINE :** I have reviewed information about Meningococcal Meningitis A, C, Y, and W-135, however I decline the vaccine and voluntarily agree to release, discharge, indemnify, and hold harmless Saint Charles Borromeo Seminary, its officers/employees from any costs, liabilities, expenses, claims, demands, or causes of action on account of any loss, personal injury that might result from my not being vaccinated against this disease. I am aware of the risks associated with Meningitis disease and the availability and effectiveness of vaccines. I decline to be vaccinated for religious or other reasons.

*If student is under the age of 18, parental signature is necessary*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if student is 18 or under) \_\_\_\_\_ Date: \_\_\_\_\_



# SAINT CHARLES BORROMEEO SEMINARY

100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

## Psychological Evaluation & Report Guidelines

St. Charles Borromeo Seminary requires a comprehensive psychological evaluation of all applicants to its formation program. In light of the document, *Guidelines for the Use of Psychology in Seminary Admissions* (USCCB, 2015), these requirements have been updated. The Seminary Admissions Committee reviews psychological assessment reports from many different psychologists from throughout the country. In an effort to standardize the methods of assessment and reporting, all evaluating psychologists are kindly asked to observe the following guidelines:

### I. Evaluation Process and Testing Instruments

#### A. Clinical Interview

1. Mental status examination (**Required**)
2. Background information, which includes in-depth discussion of: family of origin, psycho-social history, physical and mental health issues/history, self-perceived strengths and weaknesses, vocational interest, leisure activities, and educational history. (**Required**)
3. Thorough Psycho-Sexual History, which includes discussion of: family of origin, sexual development, sexual abuse history, sexual orientation, dating history, sexual activity, and problematic sexual behaviors (including pedophilia). The Internet Sex Screening Test (ISST) must be administered. (**Required**)
4. Social Media Inventory, which includes discussion of: history of Internet use, accounts used, average time spent. The Internet Addiction Test (IAT) must be administered. (**Required**)
5. If the presence of a diagnosis is suspected, consult DSM Axis I or Axis II criteria to determine whether the diagnosis exists. Such diagnoses include, but are not limited to, mood disorders, anxiety disorders, attention-deficit disorders, and personality disorders.

#### B. Cognitive Assessment

1. Wechsler Abbreviated Scale of Intelligence (WASI-II) (**Required**) (If there is evidence of cognitive Disability, please administer (WAIS-IV).
2. Adult ADHD Self-Report Scale Symptom Checklist (ASRS-v1.1) (**Required, if history indicates**)
3. Dyslexia Screening Test (**Suggested, as needed**)

#### C. Personality Assessment

1. Objective Tests (Self-Report Measures)
  - a. A Clinical Validity Instrument (e.g. Paulhus Deception Scale) (**Required**)
  - b. Minnesota Multiphasic Personality Inventory, 2<sup>nd</sup> Edition (MMPI-2) (**Required**)
  - c. At least one other objective self-report measure (e.g. MCMI-III or IV, 16-PF, CAQ, EQI 2.0, FIRO-B, SAPAS) used at the discretion of the psychologist. (**Required**)
  - d. If the presence of a diagnosis, or if significant symptoms of a diagnosis are suspected, please administer an appropriate objective self-report inventory (e.g. BDI-II, BHS, BSS, BAI, Y-BCOS, LSAS, GAD-Q-IV, ASI, A-II)
  - e. Narcissistic Personality Inventory (NPI) (**Required**)
  - f. Ministry Related Areas of Functioning (e.g. Cross-Cultural Adaptability Inventory, Spiritual Well-Being Scale) (**Suggested**)
2. Projective Tests (Free Response Measures)
  - a. Rorschach Test (**Required**)
  - b. At least one other projective test (e.g. TAT, Sentence Completion, Human Figure Drawings, HTP) used at the discretion of the psychologist. (**Required**)
  - c. Personal Sentence Completion Inventory (**Suggested**)

## **II. Psychological Assessment Report**

### **A. Identifying Information**

1. Name of person being evaluated
2. Date of birth
3. Date(s) of examination
4. Date of report
5. Name of examiner(s)

### **B. Referral Statement**

1. Reason for evaluation
2. Referred by (Arch)Diocese, Religious Community or individual
3. Release of information/limits of confidentiality

### **C. Clinical Interview**

1. Mental status examination
2. History of family of origin
3. Psychosocial development
4. Physical and mental health issues or history
5. Self-perceived strengths and weaknesses
6. Vocational interest and family support
7. Leisure activities
8. Educational history with noticeable strengths and weaknesses
9. Psychosexual history
10. Social Media Inventory

### **D. Tests Administered**

1. Please list all instruments used, including Clinical Interview

### **E. Test Results**

1. Validity of Assessment
2. Cognitive Assessment
  - Please include results from subtests as well as FSIQ
3. Personality Assessment
  - For purposes of seminary formation, these areas are of particular interest: decision making ability, coping skills, attitudes toward authority, impulsivity, addictive tendencies, and traits associated with Narcissistic, Obsessive-Compulsive, Histrionic and Dependent personality disorders.

### **F. Focus Questions/Issues for Report**

1. Overall level of functioning
2. Presence of any psychopathology, specifically any DSM Axis I or II disorders
  - If the applicant meets criteria for a DSM disorder, please include the symptom criteria that the applicant endorsed and an assessment of the severity (i.e., the level of distress and impairment) of the disorder. Please report findings from any objective self-report inventories administered.
  - If the applicant does not meet DSM criteria for a disorder, please report the presence of subclinical symptoms of the disorder (e.g. depression, anxiety, personality disorders). Please report findings from any objective self-report inventories administered.

3. Assessment of residual conflicts from family of origin
4. Assessment of intellectual ability
5. Assessment of emotional functioning/affective maturity
6. Assessment of psychosocial maturity
7. Assessment of psychosexual maturity.
8. Assessment of impulsivity, tolerance for frustration and level of commitment
9. Assessment of attitude towards authority
10. Assessment of level of insight and motivation to address areas for growth
11. Assessment of seminary formation and ministry-related areas of functioning

#### **G. Summary**

1. Assessment of suitability for seminary formation
2. Recommendations for areas of growth in a seminary formation program
3. Feedback Session with candidate
  - Date of interview
  - Persons present
  - Reaction to feedback

#### **H. Signature**

1. Signature(s)
2. Typed name of evaluator(s)
3. Title(s)

### **III. Results**

- A.** A feedback interview with the applicant is required. **A brief summary of this interview should be included in the assessment report.**
- B.** The full report of the psychological evaluation should be sent by the psychologist as soon as possible after the evaluation to the following:

Saint Charles Borromeo  
Seminary Admissions Office  
100 East Wynnewood  
Road Wynnewood, PA  
19096



**SAINT CHARLES BORROMEEO SEMINARY**  
1 00 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

**Confidential Statement of Suitability**  
**To be completed by Vocation Director/Director of**  
**Seminarian Formation**

Concerning

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

\_\_\_\_\_  
(Arch)Diocese/Religious Community

**Being Presented for Admission to**  
**Saint Charles Borromeo Seminary, Overbrook.**

This is to state that the person named above is a seminarian in good standing sponsored by this (Arch) Diocese/Religious Community.

I see the following as strengths and weaknesses in *this* candidate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You are free to provide additional comments on additional paper that is attached to this statement.)

To the best of my knowledge in the external forum, I am of the opinion that he is of good character and reputation. I believe that he is qualified to perform ministerial duties in an effective and suitable manner. More specifically, I am unaware of anything in his background that would render him unsuitable to work with minor children.

Further, I have no knowledge that he has a current, untreated alcohol or substance abuse problem. Therefore, I present him for admission to Saint Charles Borromeo Seminary, Overbrook.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**SAINT CHARLES BORROMEEO SEMINARY**  
100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

**Certification of Criminal Background Check and Freedom  
from Allegations of Sexual Misconduct with Minors**  
(To be filled out by Director of Vocations)

**Concerning**

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

\_\_\_\_\_  
(Arch)Diocese /Religious Community

This is to certify that the person named above is a seminarian sponsored by this (Arch)Diocese/Religious Community and is to the best of my knowledge, free of any and all allegations of sexual misconduct with minors.

- Freedom from any and all such allegations has been verified by a criminal background check and/or a child abuse history clearance.
- Criminal background check and/or child abuse history clearance is not available in this jurisdiction; freedom from any and all such allegations of sexual misconduct with minors has been alternatively established by other means of investigation (*documentation attached*).

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Authorization for the Release of Protected Health Information**

**(Not to be used for the release of psychotherapy notes)  
(To be filled out by the applicant)**

*The following is to be completed by the applicant/or physicians providing any and all medical treatment, evaluation and/or consultation and all records related thereto. \*If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.*

Concerning

Applicant's Name

(Arch)Diocese/Religious Community

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at Saint Charles Borromeo Seminary. To aid the Admissions Committee to assess my suitability for presbyteral ministry, I do hereby authorize \_\_\_\_\_ (Doctor, Professional Names) to release any and all medical records, reports and/or documents to Saint Charles Borromeo Seminary 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. 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 a program of priestly formation at Saint Charles Borromeo Seminary, I authorize the Rector of Saint Charles Borromeo Seminary, 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 religious community about any special issue which might exist. This authorization shall remain valid from the date of my signature below for a period of five (5) years.

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, substance/alcohol abuse, and/or genetic information, 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: \_\_\_\_\_



**Authorization for the Release of  
Protected Health Information  
(Psychotherapy/Psychological Notes/Records/Reports)  
(To be filled out by the applicant)**

*The following is to be completed by the applicant for a psychological evaluation by a licensed psychologist or psychiatrist. If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.*

Concerning

Applicant's Name

(Arch)Diocese/Religious Community

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at Saint Charles Borromeo Seminary. To aid the Admissions Committee to assess my suitability for presbyteral ministry, I do hereby authorize \_\_\_\_\_ (Doctor, Professional Names) to release any and all psychotherapy, counseling and/or psychological notes and/or records about me to Saint Charles Borromeo Seminary. The release of this information is authorized to evaluate my application for entrance to a program for priestly formation at Saint Charles Borromeo Seminary 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 a program of priestly formation at Saint Charles Borromeo Seminary, I authorize the Rector of Saint Charles Borromeo Seminary, or his delegate, to share 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 or religious community about any special issue which might exist, including, but not limited to information related to psychiatric or psychological issues. This authorization shall remain valid from the date of my signature below for a period of five (5) years.

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, substance/alcohol abuse, and/or genetic information, 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. I understand that the information to be released may contain confidential information protected by State statute, and that State regulations limit the right of persons receiving it to make any disclosure of this information other than that authorized herein without my prior written consent.

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: \_\_\_\_\_



**SAINT CHARLES BORROME0 SEMINARY**  
100 EAST WYNNEW00D ROAD, WYNNEW00D, PENNSYLVANIA, 19096

**Applicant Release Form**  
(To be filled out by the applicant)

*If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.*

Concerning

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

\_\_\_\_\_  
(Arch)Diocese/Religious Community

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

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at Saint Charles Borromeo Seminary under the sponsorship of the (Arch)Diocese/Religious Community of

I give permission to the Rector of Saint Charles Borromeo Seminary, the Saint Charles Borromeo Seminary 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 Saint Charles Borromeo Seminary 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 a program for priestly formation at Saint Charles Borromeo Seminary.

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 a program of priestly formation at Saint Charles Borromeo Seminary.

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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

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

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

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



**SAINT CHARLES BORROMEEO SEMINARY**  
100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

**Release of Information from  
Previously Attended Formation Programs  
(To be filled out by the applicant)**

*The following Release Form is to be completed by the applicant. \*If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.*

Concerning

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

\_\_\_\_\_  
(Arch)Diocese/Religious Community

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 Saint Charles Borromeo Seminary 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 Seminary at any time.

I, therefore, attest that I have accurately indicated such past affiliation(s) with a program(s) for 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 Saint Charles Borromeo Seminary.

| Formation Programs Previously Attended  |  |
|---|--|
| Institution/Diocese/Religious Community | Dates Attended or Dates of Sponsorship |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

Signed: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



# SAINT CHARLES BORROMEO SEMINARY

100 EAST WYNNEWOOD ROAD, WYNNEWOOD, PENNSYLVANIA, 19096

## Tuition and Fees Academic Year 2019-2020

Through the generosity of the people of the Archdiocese of Philadelphia, the Seminary tuition and fees have been kept to a minimum so that no man sincerely interested in the priesthood will be deterred because of financial inability.

Annually the Board of Trustees of Saint Charles Borromeo Seminary reviews the costs related to the formation program and evaluates the fees for tuition, room and board, and services provided. Fees for 2019-2020 are:

|                       | <u>Residents</u>     |             |              |             |              |
|-----------------------|----------------------|-------------|--------------|-------------|--------------|
|                       | <u>Tuition</u>       | <u>Room</u> | <u>Board</u> | <u>Fees</u> | <u>Total</u> |
| <u>College</u>        | 20,600               | 4,635       | 9,476        | 1,313       | 36,024       |
| <u>Spiritual Year</u> | 20,600               | 4,635       | 9,476        | 1,313       | 36,024       |
| <u>Pre-Theology</u>   | 22,727               | 4,635       | 9,476        | 1,313       | 38,151       |
| <u>Theology</u>       | 22,727               | 4,635       | 9,476        | 1,313       | 38,151       |
|                       | <u>Non-Residents</u> |             |              |             |              |
| <u>College</u>        | 20,600               |             | 1,648        | 1,313       | 23,561       |
| <u>Pre-Theology</u>   | 22,727               |             | 1,648        | 1,313       | 25,688       |
| <u>Theology</u>       | 22,727               |             | 1,648        | 1,313       | 25,688       |

All seminarians will be responsible to submit a \$25.00 deposit before receiving their room keys. This deposit is not included in the Tuition or Fees. The deposit must be in cash and will be refunded at the end of the year when the key is returned. If you should lose your key during the Academic Year, you will not receive a refund of your first security deposit and will be responsible to submit a second \$25.00 security deposit for the second key.

It is the obligation of each seminarian to provide his own books and supplies. Seminarians may join the Student Health Insurance Plan at the time the group permits. Membership in this or some similar hospitalization plan is recommended. Expenses of hospital confinement or treatments at a hospital must be met by the seminarian or his family.

Seminarians are encouraged to apply for financial aid through the Financial Aid Office (see Financial Aid documents).

An invoice for charges will be sent by the Finance Office to the Vocation Director of the sponsoring (arch) diocese or religious order at the beginning of each semester. Payment is due upon receipt of the statement.

Tuition payments can be mailed or paid in person at the Finance Office. The Seminary accepts MasterCard/Visa/Discover, cash, or checks. Payments should be payable to Saint Charles Borromeo Seminary and mailed to:

Saint Charles Borromeo Seminary, Attention: Finance Office  
100 East Wynnewood Road, Wynnewood, PA 19096

Any questions regarding tuition payments can be directed to Barbara Coady, Director of Financial Services at (610) 785-6201.





15. Previous college education?  Yes  No If yes, list previous college(s) below:

| College or University/Location | Dates Attended (month/year) | Degree(s) earned |
|--------------------------------|-----------------------------|------------------|
| _____                          | _____                       | _____            |
| _____                          | _____                       | _____            |
| _____                          | _____                       | _____            |

16. I am interested in being considered for the following types of Financial Aid:

Federal Direct Loan (**Note: requires first time recipients to complete a Master Promissory Note online at [www.StudentLoans.gov](http://www.StudentLoans.gov)**) Please indicate the total amount of Direct Loan you would like to borrow during the 2019/2020 academic year: \$\_\_\_\_\_.

Federal Supplemental Educational Opportunity Grant. (Undergraduate Students only)

**All students wishing to be considered for need based assistance must complete a 2019/2020 Free Application for Federal Student Aid (FAFSA)**

You may file the FAFSA on the Web at [www.FAFSA.gov](http://www.FAFSA.gov). The Title IV school code for St. Charles Borromeo Seminary is 016229. You will need a User Name and password to sign your FAFSA.

**CASH MANAGEMENT STATEMENT**

If the total amount of your federal aid is greater than your tuition, room and board, you can authorize St. Charles Borromeo Seminary to use Your financial aid credit balance to pay your other charges (room key deposit, etc.). You may rescind this authorization at any time prior to Incurring any miscellaneous charges. You may NOT rescind this authorization once any such charges have been made.

**You must indicate your choice below in order to comply with federal regulations:**

If I have financial aid in excess of tuition, room and board:

I authorize St. Charles Borromeo Seminary to use my financial aid credit balance to pay miscellaneous charges on my tuition account.

**OR**

I do not authorize St. Charles Borromeo Seminary to use my financial aid credit balance to pay miscellaneous charges on my tuition Account. I understand that I will be responsible for remitting payment to these charges directly to the Financial Services Office.

**CERTIFICATION OF APPLICANT**

I hereby certify that:

1. I am a  full-time  part-time student in good standing as defined by the Office of the Registrar.
2. I will report immediately to the Financial Aid Office any change in the information on this application, as well as any financial aid that I may receive through agencies or organizations other than Saint Charles Borromeo Seminary.
3. I understand that the Seminary reserves the right to adjust its financial aid aware to me in accordance with my financial need as reflected in the needs analysis report of the Free Application for Federal Student Aid (FAFSA).
4. All information submitted on financial aid forms is true, correct, complete and verifiable. The Seminary reserves the right to resolve discrepancies and to make adjustments as necessary and required.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## SAINT CHARLES BORROMEEO SEMINARY, OVERBROOK

Office of Financial Aid  
Services 100 East Wynnewood  
Road Wynnewood,  
Pennsylvania 19096  
Telephone (610-785-6582)

### **Student Financial Aid Application Process 2019-2020 Academic Year**

This mailing contains financial aid application materials to be reviewed and completed by you and your family if you wish to be considered for financial aid for the 2019-2020 school year. **To be considered for a grant, you must have a complete financial aid application with the Office of Financial Aid Services not later than April 15th for the 2019-2020 academic year (steps one and two below).** Please read through all of the instructions before you begin. We also suggest that you keep photocopies of all of the forms you have completed before mailing them, noting the date and address to where they were mailed.

Student financial aid programs that can be applied for with this process include:

Federal Pell Grant (undergraduate only)  
Federal Direct Loan- subsidized and unsubsidized  
(undergraduate) Federal Direct Loan- unsubsidized only  
(graduate)  
Federal Supplemental Grant (undergraduate only)  
Pennsylvania Higher Education Assistance Agency (PHEAA) State  
Grant (undergraduate residents of Pennsylvania only)

#### **STEP ONE - FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) APPLICATION**

**Saint Charles Seminary School Code: 016229**

The 2019-2020 FAFSA is available and may be completed on the World Wide Web at [www.fafsa.gov](http://www.fafsa.gov). **Before completing the FAFSA you will need to have a user name and password. If you are a Dependent Student your Parent will need a user name and password to sign the FAFSA.**

If you completed a FAFSA last year, you can complete a pre-filled 2019-2020 FAFSA online at [www.FAFSA.gov](http://www.FAFSA.gov). Review the information on your FAFSA and change or add information as needed, sign with your User Name and Password and submit the FAFSA.

#### **STEP TWO - ST. CHARLES BORROMEEO SEMINARY APPLICATION FOR FINANCIAL ASSISTANCE**

Complete the enclosed 2018-2019 St. Charles Borromeo Seminary **Application for Financial Assistance**. The completed Application for Financial Assistance should be returned to the Office of Financial Aid as soon as possible.

### **STEP THREE - MASTER PROMISSORY NOTE (MPN) - FOR NEW BORROWER'S ONLY**

If you are interested in student loans, you must complete a Direct Loan Master Promissory Note (MPN), available online at [www.StudentLoans.gov](http://www.StudentLoans.gov). If you are a returning student and already received a Federal Direct Loan the original Master Promissory Note is good for ten years.

The Financial Aid Office must have your completed St. Charles Seminary Application for Financial Assistance, and results from your federal FAFSA form to complete the processing of your Federal Direct Student Loan MPN.

**All first-time borrowers** are required to complete **entrance counseling** prior to receipt of a Federal Loan. You may complete the entrance counseling at any time prior to online completion of your Direct Master Promissory Note. Go to [www.StudentLoans.gov](http://www.StudentLoans.gov) and click on Entrance Counseling to complete this requirement.

### **STEP FOUR-REQUEST AN IRS TAX RETURN TRANSCRIPT**

To ensure accuracy of tax information and reduce the likelihood of being selected for Verification you and your parents should use the IRS Data Retrieval Tool when completing the FAFSA. This allows most tax filers to pull specific tax return data directly from the IRS. If you are unable to use the IRS Data Retrieval Tool on the FAFSA and you are selected for verification\* you will need to request a transcript, free of charge, of your 2018 tax return from the IRS online:

#### Online Request

- Available on the IRS website at [www.irs.gov](http://www.irs.gov)
- Under the Orange Tool Heading click on "Get Transcript of Your Tax Record"
- You want to request a "Tax Return Transcript"
- You can get a "Get a Transcript Online " or "Get a Transcript by Mail". The Transcript Online is preferable. A Transcript by mail can take 5 to 10 days to receive.

\*Each year, the U.S. Department of Education selects a percentage of students who completed the Free Application for Federal Student Aid (FAFSA) to have their income and other information verified by the Financial Aid Office. This process is called *verification*. If you are selected for verification, the Office of Financial Aid will ask you to submit a completed Verification Worksheet and your 2017 IRS Tax Return Transcript and your parent's 2017 IRS Tax Return Transcript, if dependent. Instructions for obtaining the 2017 IRS Transcripts are listed under Step Four. If requested to submit these forms, please do so as quickly as possible. We will not be able to continue processing without these forms.

The forms should be returned to:

Office of Financial Aid  
St. Charles Borromeo Seminary  
100 E. Wynnewood Road  
Wynnewood, PA 19096

## **PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY (PHEAA) STATE GRANT PROGRAM**

This process is required only for undergraduate students who are Commonwealth of Pennsylvania residents and who are enrolled at least half-time. **The Application deadline for the State Grant Program is May 1<sup>st</sup>.**

The Pennsylvania Higher Education Assistance Agency (PHEAA) will use information submitted on a 2019-2020 FAFSA to consider students for a PHEAA State Grant. For some students, PHEAA will also request additional information and email/send you a **2019-2020 Information Form**. If you receive this form, complete and return it directly to PHEAA. If you have questions about the application process for a 2019-2020 PHEAA Grant, you may contact them directly. Their address is PHEAA, 1200 N. 7<sup>th</sup> Street, Harrisburg, PA 17102.

Their phone number is 1-800-692-7392. Your eligibility for a PHEAA Grant will be used in determining your total financial aid award.

### **FEDERAL STUDENT AID REPORT (SAR)**

After you complete the FAFSA, the federal processing center will email/send your **2018-2019 Student Aid Report (SAR)** to your home address, or your e-mail address. When you receive your SAR, generally within one to two weeks after you complete your FAFSA, carefully review it for accuracy. If any of the information on your SAR is incomplete or inaccurate, correct it according to instructions provided on the SAR. Make corrections directly over the web. The federal processing center will forward the results from the processing of your FAFSA directly to St. Charles Seminary. You may keep your original, correct SAR for your records. If you do not hear from the federal processing center within three weeks, you should contact them directly at 1-800-433-3243.

### **Family Financial Verification**

Your financial aid awards will be made based on financial and other family information submitted by you and your family. In applying for and receiving these awards, you agree to provide any additional financial and other pertinent information to the Financial Aid Office to document your eligibility, if requested. St. Charles Seminary reserves the right to review this information and, if necessary, to adjust awards made based on inaccurate or incomplete information at the time corrected information is received.

### **Financial Aid from Other Sources**

If you receive financial aid from other sources, you are required to report this information to the Financial Aid Office. Other sources include, but are not limited to, other outside private grants and scholarships. If the total of your financial aid exceeds your demonstrated federal student aid eligibility, (or, in some cases, the total cost of education) the Financial Aid Office may be required to reduce or cancel awards made to you from federal or state funds.

### **Satisfactory Academic Progress**

You are required to make satisfactory academic progress and remain in good academic standing with St. Charles Seminary to retain your eligibility for financial aid. An annual evaluation is made of your academic performance. Specific guidelines and information concerning academic progress and standing are available on request from the Financial Aid Office.

If you have any questions about this process, please call 610-785-6582.