

**JAMES DEKOVEN HOUSE OF STUDIES**

**APPLICATION FORM**

**PERSONAL DATA**

Legal Name: \_\_\_\_\_  
(Last name) (First name) (M.I.) (Title: Mr., Ms., Mrs., Sr., Br.) (Order)

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_  
(Parish) (City/Town) (State) (Zip Code)

The following information is requested on a voluntary basis:

a. Age: \_\_\_\_\_ b. Sex: \_\_\_ - M \_\_\_ - F c. U.S. Citizen: \_\_\_ -Yes \_\_\_ -No Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expected Date of Graduation : \_\_\_\_\_ Do you plan to attend: \_\_\_ - Full Time \_\_\_ - Part Time

**Previous Diplomas/Degrees (Please have transcripts forwarded to James DeKoven House of Studies) Earned or Expected:**

Institution	Diploma/Degree	Date

**APPLICATION ESSAY**

**For Certificate of Sacred Theology Program Applicants:**

**Please attach a typewritten essay of two to three double-spaced pages which addresses the following questions:**

What has been the professional and personal development that motivates you to apply to this Certificate of Sacred Theology educational and formational program at the James DeKoven House of Studies? Looking ahead to your successful completion of this Certificate, what are your future hopes and expectations? How will this Certificate assist you in attaining your goals?

**Please complete this entire application and send a signed hard copy with your application fee of \$50.00 payable to the "Diocese of Mid-America", designated for "James DeKoven House of Studies".**



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**APPLICATION FORM**

**EMPLOYMENT RECORD AND VOLUNTEER EXPERIENCE**

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

**I – EMPLOYMENT RECORD**

Current Employer: \_\_\_\_\_ Years with this Employer: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Previous Employment:**

Company	City/State	Position	Yrs. of Service

**II – VOLUNTEER EXPERIENCE**

**a. Church Related Volunteer Experience:**

Parish	City/State	Volunteer Position	Yrs of Service	Supervisor

**a. Other Volunteer Experience:**

Organization	City/State	Volunteer Position	Yrs of Service	Supervisor

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RECOMMENDATION INFORMATION

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

a. Parish/Institutional Recommendation:

Please select a Priest or Bishop (or equivalent in your present hierarchy) who would be able to evaluate your capacity for apostolic and ministerial service as well as your potential to benefit from study in the Certificate of Sacred Theology Program at the James DeKoven House of Studies.

Please provide your recommender with the Parish/Institutional Recommendation Form and addressed mailing envelope.

Name: \_\_\_\_\_ Parish/Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

a. Personal Recommendation:

Please select two persons who will submit Recommendations on your behalf. You may select professors, employment supervisors, volunteer supervisors from your parish or institutional experiences or other individuals who would be able to critique your abilities and capacity for the Certificate of Sacred Theology Program at the James DeKoven House of Studies.

Please provide each recommender with the Personal Recommendation Form and addressed mailing envelope.

1.

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

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

2.

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

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Apartment/Unit#) (City/Town) (State) (Zip Code)

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Thank you for your application.