

APPLICATION

SABBATICAL PROGRAM



Saint Meinrad
Seminary & School of Theology



INSTRUCTIONS

We are pleased that you have decided to apply for the sabbatical program at Saint Meinrad Seminary and School of Theology. The following documents should be submitted (mailed, faxed or emailed) to:

Office of Continuing Formation
Saint Meinrad Seminary and School of Theology
200 Hill Drive • St. Meinrad, IN 47577

Email: apply@saintmeinrad.edu
Fax: (812) 357-6462
Phone: (800) 634-6723 or (812) 357-6575

ITEMS TO SUBMIT

- Completed application
- One recent photograph (optional)
- Official transcripts sent to us from the institution confirming receipt of a master's-level degree in theology or pastoral ministry and/or a final transcript indicating completion of a permanent deacon formation program.
- Nonrefundable fee of \$50
- Give the recommendation forms to three persons of your choice, such as a former or current employer, teacher, faculty advisor, pastor or someone other than a family member.
- An interview is required after all application materials have been received. To schedule a phone interview or a campus visit, please call (800) 634-6723 and ask for the Director of Continuing Formation.

Your request for admission will be evaluated as soon as we have received your completed application form and the above documents. You will be notified by letter of your acceptance.

GENERAL INFORMATION

Prefix: _____ First Name: _____ Middle Name: _____

Last Name: _____

Social Security Number: _____ Date of Birth: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Until what date: _____

Permanent Address: *(if different from mailing address)* _____

City: _____ State: _____ Zip: _____

Country: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Country of Citizenship: _____

Visa Status: *(if applicable)* _____

Religion: _____

Lay Person Priest Deacon Religious

Parish, Church, Synagogue or primary worship community: _____

City: _____ State: _____

Diocese/Province: _____

PERSONAL INFORMATION

Please indicate your next of kin or those whom Saint Meinrad Seminary and School of Theology should notify in case of an emergency:

Name: _____

Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

If you are employed (full or part time), please complete the following:

Primary Employer: _____

Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Employed Since: _____

Do you have any physical or dietary needs that might require special accommodation? If so, please specify.

ACADEMIC INFORMATION

List all colleges or universities attended. If you were registered in any educational institution under any variations of your name (e.g., maiden name), please give such names here.

Institution	City & State	Start Date	End Date	Degree(s)	Major	Year Graduated

Please list your work/ministry experience. Alternatively, you may attach your resume or curriculum vitae.

Name of Employer/Ministry	From	To	City & State	Primary Duties

Have you been sanctioned by a religious authority?

Yes No

Explanation: _____

Have you ever been convicted of a felony? Yes No

Explanation: _____

APPLICATION ESSAYS

Note: All essays should be typed and double-spaced, with 1-inch margins and 12-point font.

- Describe your goals and purpose for your sabbatical time at Saint Meinrad.
- In 500-1,000 words, describe significant moments in your life leading to this sabbatical.

A nonrefundable fee of \$50 is required for all applications. Applications received without payment will not be reviewed. Checks may be made payable to Saint Meinrad School of Theology.

I certify that all answers or statements on this application for sabbatical to Saint Meinrad Seminary and School of Theology are made by me, and are true, complete and correct; and I understand that any information provided by me in this application or any supplement thereto that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for admission, regardless of when or how it is discovered.

Applicant's signature: _____ Date: _____

REFERENCES

Please provide the following information for three persons who will submit references on your behalf.

Name: _____

How long have you known this person? _____

In what capacity? _____

Name: _____

How long have you known this person? _____

In what capacity? _____

Name: _____

How long have you known this person? _____

In what capacity? _____

I waive do not waive the right to examine these recommendations.

Applicant's signature: _____ Date: _____



Saint Meinrad

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School of Theology*

200 Hill Drive, St. Meinrad, IN 47577

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Web: www.saintmeinrad.edu

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