

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____
FIRST MIDDLE LAST

OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN _____

DATE AND PLACE OF BIRTH: _____ AGE: _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONES: HOME _____ WORK _____ CELL _____
AC/ AC/ AC/

E-MAIL: _____

CONTACT NAME _____ CONTACT PHONE _____
AC/

CONTACT ADDRESS _____
STREET CITY STATE ZIP

MARITAL AND FAMILY INFORMATION

SINGLE MARRIED OTHER COMMITTED RELATIONSHIP

WILL YOUR MARITAL STATUS CHANGE BEFORE ENTRANCE? YES NO

FULL NAME OF SPOUSE/PARTNER _____
FIRST MIDDLE LAST

CHILDREN _____
NAME DATE OF BIRTH SEX

ACADEMIC BACKGROUND

COLLEGE OR UNIVERSITY	MAJOR	DATES OF ATTENDANCE	GRADUATION DATE	DEGREE GRANTED OR EXPECTED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SEMINARY/GRADUATE/PROFESSIONAL SCHOOLS

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WILL YOU BE REQUESTING TRANSFER CREDIT? YES NO IF YES, ATTACH THE APPROPRIATE FORM.

ACADEMIC OR OTHER HONORS, EXTRACURRICULAR ACTIVITIES, PUBLICATIONS

LANGUAGES OTHER THAN ENGLISH (LIST LANGUAGE AND LEVEL OF PROFICIENCY) _____

HAVE YOU APPLIED (ARE YOU APPLYING) FOR ADMISSION TO OTHER SEMINARIES/GRADUATE SCHOOLS? YES NO

NAME OF SCHOOL _____ STATUS OF APPLICATION _____

NAME OF SCHOOL _____ STATUS OF APPLICATION _____

HEALTH

CHARACTERIZE YOUR HEALTH: GOOD FAIR POOR

ARE THERE PHYSICAL OR HEALTH CONCERNS YOU WANT US TO BE AWARE OF? _____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING:

PROLONGED PHYSICAL ILLNESS _____

MENTAL OR EMOTIONAL STRESS _____

LEARNING DIFFICULTIES _____

FINANCIAL

ARE YOU APPLYING FOR FINANCIAL AID? YES NO IF YES, COMPLETE A *FINANCIAL AID EVALUATION* FORM.

IF NO, PLEASE INDICATE HOW YOU INTEND TO FINANCE YOUR SEMINARY EDUCATION:

- PERSONAL RESOURCES SUPPORT FROM MY DIOCESE SUPPORT FROM MY PARISH
 SUPPORT FROM FAMILY AND FRIENDS WORKING SPOUSE OTHER (SPECIFY)

STATEMENT OF WAIVER

I understand that under the provisions of the Family Educational Rights and Privacy Act, as amended, as it applies to admissions files, I have the right to examine letters of reference or reference forms submitted on my behalf, unless I waive that right. I hereby waive that right in connection with this application. I further understand that signing this waiver is in no way a condition of my admission.

SIGNATURE

DATE

.....
I prefer not to sign the above waiver.

SIGNATURE

DATE

CERTIFICATIONS

I certify that the information I have provided in this application and in related documents is true and complete and understand that material omissions or inaccurate or misleading information could jeopardize my standing as a prospective student. I understand that all application materials become the property of the Episcopal Theological Seminary of the Southwest.

SIGNATURE

DATE