



SAINT JOHN'S SEMINARY

BOSTON, MASSACHUSETTS

MASTER OF ARTS IN MINISTRY PROGRAM 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:

Age: _____ Sex: ___ - M ___ - F U.S. Citizen: ___ -Yes ___ -No Marital Status: _____

Date of Birth: _____ Expected Date of Graduation: _____ Do you plan to attend: ___ - Full Time ___ - Part Time

U. S. Veteran: ___ Yes ___ No Ethnicity: _____ Birth Country: _____

Previous Degrees (Please have transcripts forwarded to Saint John's Seminary) Earned or Expected:

Institution	Degree	Date

APPLICATION ESSAY

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 Master of Arts in Ministry educational and formational program at Saint John's Seminary? Looking ahead to your successful completion of this degree, what are your future hopes and expectations? How will this degree assist you in attaining your goals?

Please complete this entire application and send a signed hard copy with your application fee of \$75.00 payable to Saint John's Seminary.

Masters of Arts in Ministry Program 66 Brooks Drive, Braintree, MA 02184

Email: aldona.lingertat@sjs.edu

SAINT JOHN'S SEMINARY

APPLICATION FORM

EMPLOYMENT RECORD AND VOLUNTEER EXPERIENCE

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

RECOMMENDATION INFORMATION

Applicant's Name: _____

a. Parish Recommendation:

Please select a Priest who would be able to evaluate your capacity for apostolic and ministerial service as well as your potential to benefit from study in the Master of Arts in Ministry Program of Saint John's Seminary.

Please provide your recommender with the Parish 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 evaluate your abilities and capacity for the Master of Arts in Ministry Program of Saint John's Seminary.

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.