# APPLICATION FOR ADMISSION TO DIOCESAN INSTITUTE FOR ECCLESIAL MINISTRY

#### PERSONAL INFORMATION

Name			
Address			
Phone	E-Mail		
Business Phone	Mobile		
FAX #	<del></del>		
Present Occupation	Length of Service _		
Employer			
Supervisor's Name & Employer's Address _			
Date of Birth	Place of Birth		
Current or Intended Ministry	Full Time	Part Time	_ hrs
Parish	City		
Pastor's Name			
Are you a citizen of the United States? (If not, p	NAL INFORMATION		
Year of High School Graduation			
Name of High School			
Address			
College Degree PROVIDE TRANSCRIPT  Name of College			
Specialization (Major)			
Date Degree Received			

Graduate Work	PROVIDE TRAN	NSCRIPT				
Name of College						
Specialization (M	ajor)					
Date Degree Rece	ived					
OTHER COLLE TRADE SCHOO ATTENDED	EGES OR DLS	YEAR GRADUA	TED DEC	GREE SPECIALIZATION		
		PROVIDE TRANS	CDIDT			
		PROVIDE TRANS	CKIPI			
MINISTRY FORMATION CERTIFICATIONS						
	PROV	IDE COPIES OF CI	ERTIFICATES			
		MADDIACE/EAT	MII V			
		MARRIAGE/FAI				
( ) Sin	ngle ( ) Marrie	ed () Widowed	( ) Separated	( ) Divorced		
IF MARRIED, C	COMPLETE THE I	FOLLOWING:				
Spouse's name: _						
		ency – Phone #				
Number and ages	of children					
If married more th	nan once, describe ci	rcumstances and attac	ch a copy of any D	eclarations of Nullity.		

### **RELIGIOUS INFORMATION**

Provide a currently dated Baptism Certificate. If any sacraments (Eucharist, Confirmation, Marriage, Annulment) received are <u>not</u> noted on the Certificate, please provide this information.

#### **MISCELLANEOUS INFORMATION**

Do you have a spiritual director? Name					
If you do not have a spiritual director, you may wish to secure one by contacting the Vicar of Religious, Bro. Joel Giallanza at the Pastoral Offices 512-949-2400.					
If not in a formal ecclesial ministry, please indicate what ministry you would like to pursue					
What is your first language					
What other languages do you speak? Write?					
Do you have any disability that requires special accommodations?					
Are you in good health? If no, please describe.					
Date of last physical examination					
I understand that I am required to submit to a psychological examination conducted by a psychologist or other professional chosen by the Diocese of Austin.  I understand that I am required to complete a Leadership Assessment and other assessments concerning					
my life and abilities as required by the Diocese of Austin.					
Signature					
Date					

#### PLEASE PROVIDE THE FOLLOWING:

## APPLICATION MAY BE SUBMITTED AS YOU GATHER THE FOLLOWING INFORMATION. RECOMMENDATION FORMS CAN BE OBTAINED FROM THE DIOCESAN INSTITUTE FOR ECCLESIAL MINISTRY OFFICE.

- Completed Application Form
- Application Fee \$50 to be applied to first semester tuition (Check made to Diocese of Austin)
- Letter of recommendation from your pastor/clergy (See recommendation form)
- Two letters of recommendation from a Church ministry peer regarding your participation in ministry in the Church and one letter of recommendation from people who will vouch for your good character and your gifts (See recommendation form)
- Report of the last two years of practical experience in a field of ministry
- Certified copy of your baptismal certificate with notations issued in the last six months
- Original transcripts from your high school, colleges and other schools
- Currently dated copy of Certificate of Attendance at Protecting God's Children
- Two page autobiography giving a reflection on your call and motivation to pursue certification in ministry
- Acknowledgement signed by your spiritual director that you are currently in spiritual direction.
- Please note that the cost of the formation program per semester is \$400 from diocese, \$400 from parish, and \$400 from individual (*To be paid by the first class*)

For Office Use:	
Application Received	