



**Application for Formation
Master of Arts in Pastoral Studies (MAPS) Program
Institute for Ministry**

The Institute for Ministry adheres to a policy of strict confidentiality of records. This application form and all other information received will be kept strictly confidential and will be disclosed only to Sacred Heart Major Seminary formation personnel associated with the application process.

GENERAL INFORMATION

Legal Name _____
(Last) (First) (Middle)

Preferred First Name _____

Spouse's Name (if married) _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone (home) _____

Phone (cell) _____

Phone (work) _____

Email _____

MARITAL STATUS

Single Married Separated Widowed Divorced

If married, were you married in the Catholic Church? Yes No

If married, is this your first marriage? Yes No

If married before, have previous marriage(s) been annulled? Yes No

If your spouse has been married before, has his/her previous marriage(s) been annulled?

Yes No

Please list the dates of your and/or your spouse's previous marriage(s), the date(s) of the annulment(s), and the diocese which issued the decree.

EMPLOYMENT (CURRENT)

Profession/Occupation _____

Number of years employed in this position _____

Name of company/organization _____

Address _____

City _____ State _____ Zip _____

Employer/supervisor name _____

Prior history of employment (including military service, if any)

Organization	Title/Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARISH AFFILIATION

Did you convert to the Catholic faith? Yes No

If yes, please indicate when you completed the RCIA program _____

Number of years as practicing Catholic _____

Home parish _____

Number of years in parish _____ Current pastor name _____

Describe your background in ministry (current and previous) in your parish or community.

Describe any additional areas of involvement in Church or civic service.

READINESS FOR PARTICIPATION IN FORMATION

Have you and your spouse discussed your desire to enter or continue formation in lay ecclesial ministry?

- Yes No N/A

Do you think you and your spouse can prioritize the time needed for you to complete the MAPS formation program?

- Yes No N/A

If no, please explain:

Do you (or your spouse) have a history of any situations or relationships, including criminal history, which could adversely affect your ministry or bring scandal to the Church?

- Yes No N/A

If yes, please explain:

Have you experienced or been treated for any mental or emotional difficulty or any alcohol or chemical dependency? Yes No

If yes, please explain:

CHILDREN

Please list names and ages of all dependent children (whether living with you or not).

Do you have any dependents other than your children? Yes No

Do they live at home with you?

Yes

No

How will your children and/or dependents adapt to the time commitment you will be giving to the formation program?

If accepted into the MAPS formation program, will your participation cause any financial difficulty?

Yes

No

If yes, please explain:

OTHER

In addition to attendance and active participation in academic courses, the formation program requires additional formation sessions focused on the spiritual, pastoral, and human aspects of formation. Is this a concern for you? Yes No

If yes, please explain:

Do you speak any additional languages other than English?

Yes

No

Please indicate:

Please list any talents, hobbies or special interests.

Have you completed the VIRTUS training (including criminal background check)?

Yes

No

If yes, please send us a copy of your certificate.

If no, please be aware that, if you are currently are or plan to work with minor children in a ministerial setting, you will be required to complete the VIRTUS training.

PASTOR RECOMMENDATION

This application will not be processed without a letter of recommendation from your pastor in addition to his review of this application and signature below.

Signature of Pastor

Date

PERMISSION/RELEASE

I certify to the best of my knowledge that the information contained in this application is accurate and complete. I understand that any misrepresentation of facts may be used to deny admission or exclude me from the program later, if admitted.

I give permission to the Formation Board to contact my pastor, present employer/supervisor, as well as any recommendations relating to this application.

Signature of Applicant

Date