

SISTER SERVANTS OF JESUS CRUCIFIED

103 RAILROAD AVENUE
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APPLICATION FOR ADMISSION TO DISCERNMENT PROGRAM

PART A: GENERAL BACKGROUND

Full Name: _____ Phone: _____
(Last) (First) (Middle) (Area Code) Number
Home Address: _____
(Street) (City) (State) (Zip)
Email: _____
Date of Birth: _____ Place of Birth: _____
Social Security #: _____ Driver's License # _____
Country of Citizenship: _____
Home Parish: _____ Pastor: _____
Parish Address: _____

PART B: FAMILY BACKGROUND

Father's Name: _____ Mother's Maiden Name: _____
Religion _____ Religion _____
Living or Deceased _____ Living or Deceased _____
If deceased, give date: _____ If deceased, give date: _____
Are your parents divorced or separated? _____
Father's Occupation: _____ Mother's Occupation _____
Give emergency contact information of next of kin: Home _____ Cell _____
Is your father of the Roman Catholic Latin Rite? _____
Date of Parent's Marriage: _____ Place _____
How many brothers do you have? _____ Sisters? _____
Did you convert to the Catholic Church? _____ If so, when? _____

PART C: EDUCATION

Please give in order the schools you have attended and the time spent in each:

MM/DD/YY	Name & Location of School	Kind of School*	Degree Earned & Date of Conferral

*Please specify if: 1) High School; 2) college: undergraduate; 3) graduate school

PART C: EDUCATION (CONTINUED)

What was your last grade or degree successfully completed? _____

Undergraduate area of study: _____

Graduate area of study: _____

Was your course of study interrupted? _____

If yes, give the reason: _____

What was your final cumulative undergraduate GPA? _____

Final graduate cumulative GPA? _____

PART D: WORK EXPERIENCE/RELIGIOUS LIFE:

Please give in order the jobs you have held or previous Religious Community in formation or vows:

MM/DD/YY	Employer/Religious Community	Position

PART E: MILITARY SERVICE:

Have you ever been a member of the military/armed services? _____ If yes, what dates did you serve? _____

If yes, what branch? _____

Are you registered with your local draft board? _____

If discharged, list kind of discharge: _____

PART F: ADDITIONAL INFORMATION:

Have you ever been arrested by the police? _____ Do you have a criminal record? _____

Please explain: _____

Do you or your family have a history of chronic illness (such as heart disease, diabetes, etc.)? _____

Do you or your family have a history of mental illness (such as depression, anxiety, schizophrenia, bipolar, etc.)? _____

Are you presently taking any medications? _____ If yes, please list. _____

ADDITIONAL COMMENTS: _____

ALL INFORMATION IS CONFIDENTIAL AND USED FOR APPLICATION PURPOSES ONLY.

I, _____, have completed the above information and affirm that it is true to
Please Print Full Name to the best of my knowledge.

Signature of Applicant

Date