APPLICATION FOR ADMISSION

P.O. BOX 2247
AUSTIN, TEXAS 78768
PHONE: (512) 472-4133
FAX: (512) 472-3098
admissions@ssw.edu
www.ssw.edu

PROGRAM: (CHECK ONE)
- Special Student

NAME

DATE OF APPLICATION

DATE OF EXPECTED ENROLLMENT

PHOTO HERE
(not required)

Complete all items in this application, attaching additional pages if necessary. Review the CHECKLISTS and be sure that all required documents are submitted with your application. Contact the Recruiting & Admissions Office if you have questions or need assistance.

When all application materials have been received, the seminary will contact you to arrange an interview on campus with an admission committee.
# PERSONAL INFORMATION

**NAME**  
FIRST  
MIDDLE  
LAST  
SOCIAL SECURITY #

**OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN**

**DATE AND PLACE OF BIRTH:**  
__________________________________________  
AGE:

**PRESENT ADDRESS**  
STREET  
CITY  
STATE  
ZIP

**PHONES:**  
HOME  
AC/  
WORK  
AC/  
CELL  
AC/

**E-MAIL:**

**EMERGENCY CONTACT NAME**  
__________________________  
PHONE  
AC/

**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**

<table>
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<th>NAME</th>
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# 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
CHURCH AFFILIATION

ALL APPLICANTS:
DENOMINATION ___________________________________________________________
DIOCESE OR JURISDICTION _______________________________________
PARISH OR CONGREGATION ____________________________________________
ADDRESS ___________________________________________________________________________________________________
BAPTISM ____________________________ CONFIRMATION OR ADULT AFFIRMATION
DATE ____________________________ PLACE ____________________________
PREVIOUS DENOMINATIONAL AFFILIATION ____________________________________________

WORK EXPERIENCE

Provide the following information concerning your last three places of employment: organization or firm / location / dates of employment / position. You may attach your résumé or CV if you prefer.

1. __________________________________________________________________________________________
   __________________________________________________________________________________________

2. __________________________________________________________________________________________
   __________________________________________________________________________________________

3. __________________________________________________________________________________________
   __________________________________________________________________________________________

If additional space is needed, please continue on a separate sheet of paper.

PAST VOLUNTEER or FIELD EXPERIENCE

Provide a brief explanation of past volunteer and/or field experience in relation to the degree program you are applying for:

1. __________________________________________________________________________________________
   __________________________________________________________________________________________

2. __________________________________________________________________________________________
   __________________________________________________________________________________________

If additional space is needed, please continue on a separate sheet of paper.

REFERENCES

Please provide the name, address, and telephone number

YOUR PARISH PRIEST/PASTOR/ACADEMIC ADVISOR ____________________________
   __________________________________________________________________________________________
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 Seminary of the Southwest.

SIGNATURE __________________________ DATE __________________________

March 2010