



DIOCESE OF LUBBOCK OFFICE OF VOCATIONS

APPLICATION

FOR

ADMISSION

Rev. Martin Piña
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Lubbock, Texas 79499
806-792.3943
www.catholiclubbock.org

Family History

1. Were you brought up by your biological birth parents? _____

Please answer the following section referring to the family you lived with while growing up. If you were not raised by your biological/birth parents, respond to the questions regarding them on a separate sheet.

2. Father's name: _____

3. Father's address: _____

Street _____

City _____

County _____

State _____

Zip _____

Phone _____

E-Mail _____

4. Mother's name: _____

5. Mother's address:
(if different)

Street _____

City _____

County _____

State _____

Zip _____

Phone _____

E-Mail _____

6. Age of parents if living: Father _____ Mother _____

7. If deceased, year of death: Father _____ Mother _____

8. Are parents separated? _____ Are they divorced? _____ If so, since when? _____

9. If either parent is remarried, give date of remarriage and any change of name:

Father: _____

Mother: _____

10. Father's Occupation:

Present: _____

Former: _____

11. Mother's Occupation:

Present: _____

Former: _____

12. Father's Education (check highest grade completed)

Grade/H.S. 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 Where attended?

Graduate School (include name of university, degree and date awarded)

13. Mother's Education (circle highest year completed)

Grade/H.S. 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 Where attended?

Graduate School (include name of university, degree and date awarded)

14. Briefly describe your father's personality – his hobbies, traits, interests, etc.

15. Which of the traits or qualities do you admire most in your father?

16. Which of the traits or qualities do you dislike most in your father?

17. Father's religion:

Is he practicing?

18. How did/do you and your father interact?

Past:

Present:

19. What does your father say when he compliments you?

20. What does he say when he criticizes you?

21. What is his main advice to you?

22. Is there anything you wish your father had done differently during your growing up years?

23. Briefly describe your mother's personality – her hobbies, traits, interests, etc.
24. Which of the traits or qualities do you admire most in your mother?
25. Which of the traits or qualities do you dislike most in your mother?
26. Mother's religion
Is she practicing?
27. How did/do you and your mother interact?
Past:
Present:
28. What does your mother say when she compliments you?
29. What does she say when she criticizes you?
30. What is her main advice to you?
31. Is there anything you wish your mother had done differently during your growing up years?
32. Who runs the family?
33. With whom in the family do you discuss your problems?
34. In what ways were you punished by your parents as a child?
35. List all children in your family according to age, including yourself:

Name	Age	Biological/ adopted, etc.	Occupation/ grade in school	Marital Status	How is s/he doing?

- 36. How do you feel about your position in the family, e.g., as first, second, etc.? Whom are you closest to and why?

- 37. Relationship with brothers and sisters:
 - Past:

 - Present:

- 38. Who lived in your family home while growing up?

- 39. Give an impression of the atmosphere in the home where you grew up. Mention the degree of compatibility between parents and between parents and children:

- 40. Describe any moves or separations in your family while growing up.

- 41. Has anyone (parents, relatives, friends) ever interfered in your life, decisions, occupation, etc.?

- 42. Are there other significant adults in your life?

Health History

- 1. Health of parents (if ill or suffering from prolonged medical condition, describe below):
 - Father:

 - Mother:

- 2. Health of brothers and sisters (again specify illness or condition)

- 3. Is there any chronic illness in your family? Yes No

If yes, describe:

4. Have you had any serious illnesses? Yes No

If yes, specify: Age Nature of Illness

5. Have you had any serious accidents? Yes No

If yes, specify: Age Nature of Accident

6. Have you ever been hospitalized? Yes No

If yes, specify: Age Reason for hospitalization

7. Do you have any physical disabilities? Yes No

If yes, describe:

8. Please list any prescription medications you currently use:

9. List any prescription medications you have used at any time in the past for more than two weeks:

10. Is there any history of substance abuse, addiction, or emotional problems in your family? Please explain:

11. Have you ever sought professional counseling or received psychological or psychiatric care?

Yes No

If yes:

Doctor/Therapist

Address _____

Phone _____

Dates of Treatment: _____

12. Do you have difficulty taking tests or remembering names/numbers? Yes No

If yes, please explain.

13. Do you have difficulties with time management? Yes No

If yes, please explain.

14. Have you ever been diagnosed with a learning disability?
(e.g., dyslexia, ADD, etc.) Yes No

If yes, please explain.

15. Do you suspect that you may have a learning disability? Yes No

If so, why?

16. Have you ever been diagnosed with a biological mental disorder?
(e.g., obsessive-compulsive disorder, bipolar disorder, clinical depression, etc.)? Yes No

If yes, please explain.

17. Do you suspect that you may have a biological mental disorder? Yes No

If so, why?

18. Indicate your height _____ Current weight _____

The most you have weighed _____ When? _____

Are you overweight or underweight? _____ How much? _____

19. Check those that apply to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Twitching | <input type="checkbox"/> Hearing problem |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Sight problem |
| <input type="checkbox"/> Night terrors | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Alcoholism in family |
| <input type="checkbox"/> Diet/weight problem | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Fits or spasms | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Hypochondria | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Stuttering | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Sick headaches |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Head injury | <input type="checkbox"/> Tobacco use |
| | <input type="checkbox"/> Backaches | |

- | | | |
|--|---|---|
| <input type="checkbox"/> Breathing problem | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Excessive use of alcohol |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Chronic tension |
| <input type="checkbox"/> Severe constipation or diarrhea | <input type="checkbox"/> Morbid fears or scruples | <input type="checkbox"/> Stomach trouble |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Drug usage | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Habit problem |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Lack of energy |
| <input type="checkbox"/> Lung trouble | <input type="checkbox"/> Epilepsy | |

20. Do you have medical insurance coverage? Yes No

Expiration Date: _____

Personal/family plan? _____

Company/firm? _____

Academic History

1. List every school you have attended; use additional sheet if necessary:

<u>Name of School</u>	<u>Degree/years</u>	<u>Field</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Your favorite school subject and grades:

3. Your least liked school subject and grades:

4. GPA: High school _____ College _____ Graduate school _____

5. Test Scores:

	Verbal	Math	Combined
ACT	_____	_____	_____
SAT	_____	_____	_____
GRE	_____	_____	_____

6. Describe any academic or disciplinary problems:

7. Please list membership/leadership activities in clubs, societies, or organizations in high school:

8. Please list membership/leadership activities in clubs, societies, or organizations in college (and graduate school if applicable):

9. Honors and/or awards received:

10. Current hobbies or special interests:

11. For what vocation are you preparing?

12. What other vocations are you considering?

13. Describe any additional life goals:

Employment Record and Financial Position

1. List all previous employers, including part-time positions starting with the most recent:

<u>Employer</u>	<u>Nature of work</u>	<u>Started/Left</u>	<u>Reason for leaving</u>

2. Does your present work satisfy you? Yes No
 Why or why not?

3. What is your yearly income?

What does it cost you to live?

4. Does your family need your financial assistance? Yes No

If yes, please explain.

5. Please list your outstanding debts:

<u>Type of debt/loan</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total student loan debt: _____

Total other debt: _____

TOTAL INDEBTEDNESS _____

6. Please list your total assets, including cash, real estate, investments and any anticipated income, including Americorps or other grants anticipated.

<u>Type of Asset</u>	<u>Amount/estimated value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL ASSETS _____

7. Do you anticipate being able to afford the room and board expenses of the Program (est. \$7,000 yearly)? Yes No

8. If not, how much further financial assistance do you anticipate needing? _____

9. Which of the following describes your financial condition while in school (check all that apply)?

Entirely supported by family Partially supported by family G.I. Bill

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal savings | <input type="checkbox"/> Scholarships/fellowships | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Government grants | <input type="checkbox"/> Summer work | <input type="checkbox"/> School year work |
| <input type="checkbox"/> Self-supporting | <input type="checkbox"/> Working to support family members other than self | <input type="checkbox"/> Other (specify) |

10. What is your present draft classification? _____ Draft number _____

11. Are you presently serving in the military reserves? Yes No

12. Have you ever served in the military? Yes No

13. If yes, provide the following information:

Branch of service: _____
 Date of enlistment: _____
 Date/Type of discharge: _____
 Rank at discharge: _____
 Reason for discharge: _____

Social History

1. Do you have close personal friends? Yes No

2. Who are the most important peers in your life (names and relationship)?

3. Do your parents generally approve of your friends? Yes No

4. How do you perceive yourself in relation to your peers?

5. Describe your own personality as you view it:

6. What do you consider to be your strengths?

7. What do you consider to be your weaknesses?

8. How would you describe your situation regarding romantic relationships (check as many as apply)?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Previously engaged | <input type="checkbox"/> Engaged now | <input type="checkbox"/> Going steady |
| <input type="checkbox"/> Have lived with someone | <input type="checkbox"/> Been in love | <input type="checkbox"/> Playing the field |

- | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Outdoor sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental or emotional health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Persuading others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. List those areas of *trouble* or *worry* which are serious enough to cause you to want to find a solution to your problems (e.g., bad study habits, indecision, lack of ambition):

13. Please recount any fearful, distressing, or significant experiences not previously mentioned:

Marital History

1. Have you ever been married? Yes No How often? _____

If no, skip the rest of this section and proceed to the next.

2. Are you freed from the bonds of that/those marriage(s)? Yes No

By what kind of civil or church decrees? _____

_____	_____	_____
Civil decree	County/State	Date
_____	_____	_____
Civil decree	County/State	Date

In the event of more than one marriage, please answer the following questions with regard to each:

3. How long did you know your marriage partner before your engagement?

4. How long were you engaged?

5. Wife's age at marriage: _____ Wife's occupation: _____

6. In what areas was there compatibility?

7. In what areas was there incompatibility?

8. Please describe your wife's personality?

9. Did you get along with your in-laws?

PART II -- AUTOBIOGRAPHICAL SKETCH

Please write an autobiography which addresses the questions listed below and any other issues that you consider to be relevant to each general heading. Please follow the outline and number each section separately. Attach it to this application form.

1) Describe your living situation, past and present.

Discuss in detail your home life and relationship with parents, siblings, and extended family as you grew up, including significant issues or problems in the household or with individual family members not mentioned previously. Did your family attend church or pray together? What is your present relationship with members of your family? How do they feel about you pursuing a vocation? Where are you living now? With whom? Where else have you lived?

2) Describe your academic background and interests.

What are your academic strengths and weaknesses? Assess your capacity for studies in philosophy and theology. What are your study habits like? Do you feel that you fulfilled your academic potential? How much do you read on your own? What kind of material do you enjoy reading?

3) Describe your extracurricular activities in school or elsewhere.

What leadership positions have you held in school or other outside activities? How have these been significant? Describe the extent of your participation in any volunteer service or Church-related activities and what you learned from these. What difficulties, if any, did you experience in balancing various time demands at school, work, home?

4) Describe your employment history.

Briefly summarize your present and past employment, including any promotions you have received. If presently employed, are you happy with your work? What significant problems have you had in the workplace? Have you ever been fired or received a less than satisfactory performance report? What kind of work do you enjoy?

5) Describe the kind of person you have become.

How would you describe yourself? How do your friends describe you? What personal setbacks or difficulties have you experienced in your life and how did you manage them? What do you like/not like about yourself?

6) Describe your religious formation and practice.

How do you practice your faith? How often do you attend Mass and receive the sacraments? What religious influences were important in school or in your parish? Describe your prayer life, religious role models or heroes, and participation in church activities. Have you ever had significant doubts about your faith? Explain any teachings of the Catholic Church that you have difficulties with. Have you ever filled any ministerial or liturgical roles, including altar server, lector, or eucharistic minister? How do you think you need to grow in your faith?

7) Discuss your discernment of a vocation.

When did you first begin to consider a vocation? How did those thoughts evolve? Have other important people in your life encouraged or discouraged you? How have you gone about discerning your vocation? Discuss any other options you are considering aside from a vocation to the Diocese of Lubbock. Why do you think you are called to be a priest? Why the Diocese of Lubbock?

PART III -- REQUIRED DOCUMENTS AND AUTHORIZATION

A. REFERENCES

1. Please ask a pastor, campus minister, other priest, brother, or sister who knows you well to write a letter of recommendation on your behalf. Ask him/her to mail the letter directly to the *Office of Vocations*.
2. List below additional references. One should be a personal (non-family) acquaintance. The other(s) should be academic or employment references. Please alert these individuals in advance that they will be contacted by the Office of Vocations.

a)		
	Name	Position
	Personal/Company/Educational or other affiliation	
	Address	Phone
	E-mail	

b)		
	Name	Position
	Personal/Company/Educational or other affiliation	
	Address	Phone
	E-mail	

c)		
	Name	Position
	Company/Educational or other affiliation	
	Address	Phone
	E-mail	

B. ACADEMIC REQUIREMENTS AND APPLICATION PROCEDURES

Transcripts and Applications: Please submit official transcripts from schools previously attended and/or are currently attending to us at least two weeks prior to your interviews.

C. OTHER DOCUMENTS

The following documents must be submitted within six weeks once your application has been approved.

1. Official Birth Certificate (issued within last six months by the county in which you were born).
2. Baptismal Certificate with official Church seal (issued within last six months.).
3. Confirmation Certificate (issued within last six months).
4. Medical History and Health Report
5. HIV Testing Report

This application to the Diocese of Lubbock must be completed and returned at least two weeks prior to your scheduled interviews. Please read and sign the authorization form on the following page, then send All documents and materials related to the Diocese of Lubbock Application to:

**Diocese of Lubbock
Office of Vocations
P.O. Box 98700
Lubbock, TX 79499**

SUBMISSION/AUTHORIZATION FORM

By submitting this form, the applicant requests consideration for admission to the Diocese of Lubbock to prepare for diocesan vocation, and understands and agrees as follows:

The applicant warrants the information provided (both herein and in any supporting documents to be forwarded later) to be true, and gives his permission to the Diocese of Lubbock to verify that information, and understands that any false or misleading statements are grounds for denial, or for dismissal after admission;

The applicant understands that application is being made to a diocesan institution for the purpose of vocational formation, and therefore criteria regarding spiritual as well as academic qualifications will be considered in the review of this application.

Date of Application _____

Signature _____

Please attach a photo here: