


HOLY CROSS SEMINARY HOUSE OF FORMATION

P.O. BOX 4004, LA CROSSE, WI 54602-4004
(608) 788-9095 • DIRECTOR@HOUSEOFFORMATION.COM

APPLICATION FOR ADMISSION

Name of Applicant: _____

Address: _____

Telephone: _____

Diocese: _____ Pastor: _____

Parish: _____

Birth Date: _____ Place: _____
City State

Father's Name: _____ (If deceased, give year: _____)

(if different from above) Address: _____

Telephone: _____

Religion: _____

Occupation: _____

Mother's Name: _____ (If deceased, give year: _____)

(if different from above) Address: _____

Telephone: _____

Religion: _____

Occupation: _____


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(circle the answer where applicable)

How many brothers do you have? ____ Sisters? ____

For what diocese do you intend to study? _____

Have you ever studied in another seminary or in a religious order? Yes No

If so give dates of attendance and reason for leaving: _____

Indicate all high schools attended starting with the most recent.

School	Address	Inclusive Dates	Graduate?

What class do you wish to enter in our seminary? _____

Do you wish to study for the priesthood of your own free choice? Yes No

Please describe in essay form why you want to be selected as a seminarian in the Holy Cross Seminary House of Formation.



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CONSENT OF PARENT(S) OR GUARDIAN(S)

(To be filled out by the applicant's Parent or Guardian and mailed by them, in the envelope provided, to the Director.)

My son, _____, wishes to enroll as a student at Holy Cross Seminary House of Formation. My son has expressed a sincere desire to explore an interest in the priesthood. I approve and endorse his application and ask that he be accepted. I recognize the right of the Seminary to decide whether a student's conduct or scholastic standing is sufficiently satisfactory to warrant his continuing as a student in the Seminary.

(Signature of Parent or Guardian)

Date: _____

(Signature of Parent or Guardian)

Date: _____