

# APPLICATION FOR ADMISSION

**Please return this application for admission with 3 Recommendations letters, copies of your transcripts and a recent photograph.**

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Age \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Number of Children \_\_\_\_\_

**RELIGIOUS INFORMATION:** *(Please include copies of your Baptismal and Confirmation certificates.)*

Present Church Affiliation \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place: \_\_\_\_\_

By whom: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Place: \_\_\_\_\_

By whom: \_\_\_\_\_

**ORDINATIONS:** *(Please include a copy of each Ordination Certificate)* \_\_\_\_\_

If Ordained, Dates, by Whom, and Current Status:

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**ACADEMIC BACKGROUND:**

High School \_\_\_\_\_ Years Completed \_\_\_\_\_  
Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_

**PREVIOUS EDUCATION:**

*(Please have an official copy of your transcript mailed to Holy Cross)*

College/University/School of Theology/Seminary:

*(Please have an official copy of your transcript mailed)*

Name \_\_\_\_\_ City/ State \_\_\_\_\_

Dates Attended \_\_\_\_\_

Did you graduate: Yes No

Degree Earned \_\_\_\_\_ Number of Credits or Hours \_\_\_\_\_

Degree Major \_\_\_\_\_

College/University/School of Theology/Seminary:

*(Please have an official copy of your transcript mailed)*

Name \_\_\_\_\_ City/ State \_\_\_\_\_

Dates Attended \_\_\_\_\_

Did you graduate: Yes No

Degree Earned \_\_\_\_\_ Number of Credits or Hours \_\_\_\_\_

Degree Major \_\_\_\_\_

College/University/School of Theology/Seminary:

*(Please have an official copy of your transcript mailed)*

Name \_\_\_\_\_ City/ State \_\_\_\_\_

Dates Attended \_\_\_\_\_

Did you graduate: Yes No

Degree Earned \_\_\_\_\_ Number of Credits or Hours \_\_\_\_\_

Degree Major \_\_\_\_\_

College/University/School of Theology/Seminary:

*(Please have an official copy of your transcript mailed)*

Name \_\_\_\_\_ City/ State \_\_\_\_\_

Dates Attended \_\_\_\_\_

Did you graduate: Yes No

Degree Earned \_\_\_\_\_ Number of Credits or Hours \_\_\_\_\_

Degree Major \_\_\_\_\_

**NB:** Please include three persons, who are willing to provide the Father Prior with a letter of recommendation for you. These should include a pastor, a teacher, and a professional with whom you work. Please list them here, with complete address and phone number.

## **Personal Statement**

Please include a personal statement, which includes your reasons for seeking the religious life, your faith journey, your commitment to Christ and His Church, and what you see as your ministry now, and what you hope it will be in the future. (Please either type or print this information double-spaced, no less than three pages and no more than five pages).

**Please include answers to these questions within your personal statement.**

1. Why do you want to be a Gospel Servant?
2. Discuss what a religious vocation is to you?
3. What is your understanding of the Church?
4. Are you free from all obligations?

## **SUBMISSION**

By submitting this form, the applicant requests consideration for admission to the Gospel Servant Religious Order 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 Gospel Servant religious Order 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 religious 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 return this application to the Vocation Director and a duplicate copy to:

**Bishop Louis Ngomo Okitembo, Ph-D**

Mount Tabor Ministries, Inc.

P. O. Box 1356

Matthews, N C 28106-1356