



Quigley Alumni Office
at St. Joseph College Seminary
6551 N. Sheridan Road
Chicago, IL. 60626-5335
E-mail: www.quigley.org
Tel.773-973-9700

Quigley Scholars Application

Personal Information

Student's Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ Zip: _____ Home Phone: _____

Student's Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____
Month Day Year

Place of Birth: City: _____ State: _____ Country: _____

Is Student a U. S. Citizen? ()Yes ()No

If no, please indicate country of citizenship: _____

Father's Name: _____ Cell: _____

Work Phone: _____ E-Mail: _____

Father's Religion: _____

Mother's Name: _____ Cell: _____

Work Phone: _____ E-Mail: _____

Mother's Religion: _____

Applicant lives with: Check all that apply.

()Father ()Mother ()Step-Father ()Step-Mother

() Other Guardian: _____

Parents are: () Married () Divorced () Separated () Widowed

Number of Children in Family: _____

Number Older _____ Number Younger _____

Parish Information

Name of Parish: _____

Parish Address: _____

City

State

Zip Code

Pastor's Name: _____ Phone: (____) _____

Was Student baptized as a Roman Catholic? () Yes () No

If no, explain: _____

Baptism: _____

(Date / Parish / City / State)

First Communion: _____

(Date / Parish / City / State)

Confirmation: _____

(Date / Parish / City / State)

If student did not receive the Sacrament of Confirmation, is he preparing for it now? () Yes () No

Date expected to be confirmed: ____/____/____
Month Day Year

Does applicant attend Sunday Mass regularly? () Yes () No

Does his family attend Sunday Mass regularly? () Yes () No

Does applicant attend formal religion classes? () Catholic School
() CCD
() RCIA

Is applicant active in any church ministry or parish function? ()Yes ()No

Signify: () Altar Server () Reader () Sacristan () Choir

Other: _____

Educational Information

What grade is applicant currently in? (Circle Please) 8 9 10 11 12

Elementary School: _____

School Address: _____

(City)

(State)

(Zip Code)

Principal's Name: _____ Phone: (____) _____

Has applicant ever been suspended from school? ()Yes ()NO

If yes, please explain: _____

Does applicant have any medical issues or physical disabilities which would prevent him from engaging in sports or other physical activities? ()Yes ()No

If yes, please explain: _____

Does Applicant have any professionally diagnosed learning disabilities which would prevent him from taking part in verbal, written and/or visual aspects of a spiritual formation group program? ()Yes ()No

If yes, please explain: _____

High School: _____

School Address: _____

(City) (State) (Zip Code)

Principal's Name: _____ **Phone:**(____)_____

If already in high school, has applicant ever been suspended? ()Yes ()No

If yes, please explain: _____

Previous High School if Transferred: _____

School Address: _____

(City) (State) (Zip Code)

Has applicant ever been suspended from this school? ()Yes ()No

If yes, please explain: _____

Student Questionnaire

Check all that apply:

- ()I know a priest or religious sister or brother personally.
- ()I often pray alone.

- () I pray with my family members.
- () I enjoy going to Mass on Sundays.
- () I think about being a priest at times.
- () I don't know what I would like to do when I get older.
- () I enjoy sharing faith with my family.
- () Mass and prayer can be boring at times.
- () My family encourages me to think about priesthood.
- () I would enjoy praying with a group of people my age.
- () I like to help people whenever I can.
- () I admire the work that a priest does.
- () I am willing to think about the priesthood.
- () I am already an altar server.
- () I like to talk about my faith.
- () My family talks to me about faith and God on a regular basis.

Please be sure to check the following ones that apply:

___ As well as applying for the Quigley Scholars Program, I would also like to apply for the scholarship portion as my family has financial need.

___ I am applying to the Quigley Scholars Program only and not the scholarship portion as my family does not have financial need.

___ If I am accepted into the Quigley Scholars Program and do not receive a financial scholarship, I will still participate as a Quigley Scholar throughout the year.

___ If I do not receive a financial scholarship, I will not participate in the Quigley Scholars Program.

Signatures

For the Student/Applicant: To the best of my knowledge, all the answers I have given are truthful. It is my wish to apply for the Quigley Scholars Program, to participate in the spiritual formation and to consider the priesthood.

Applicant's Signature: _____ **Date:** _____

For the Parents or Guardian: I hereby testify to the truth of the answers given. I agree to the terms and conditions of the Quigley Scholars Program/Scholarship as stated and I will, to the best of my ability, help my son honor his responsibilities if he is accepted as a Quigley Scholar and granted a scholarship.

Mother: _____ **Date:** _____

Father: _____ **Date:** _____

Guardian: _____ **Date:** _____

Mail completed and signed applications and others forms to:

**Very Rev. Peter Snieg
Quigley Alumni Office
6551 N. Sheridan Road
Chicago, IL. 60626-5335**

*** Please enclose a copy of Certificate of Birth, Baptismal Certificate, Proof of Confirmation, Proof of First Holy Communion, with this application. Provide proof of reception into the Roman Catholic Church if applicable.**

