



SAINT PHOTIOS ORTHODOX THEOLOGICAL SEMINARY  
ΟΡΘΟΔΟΞΟΣ ΘΕΟΛΟΓΙΚΗ ΣΧΟΛΗ ΤΟΥ ΑΓΙΟΥ ΦΩΤΙΟΥ

## APPLICATION FOR ADMISSION

510 Collier Way, Post Office Box 797, Etna, California 96027  
Phone: (530) 467-3544 • E-mail: registrar@spots.school

*This form is for applicants who do not hold U.S. Citizenship.*

Applicant's Full Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Is the applicant fluent in English? ☐ Yes ☐ No

If no, what is the applicant's primary language? \_\_\_\_\_

Program of Study for which you are applying:

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor of Theology (B.Th.) (4-year) | <input type="checkbox"/> Master of Theological Studies (M.T.S.)   |
| <input type="checkbox"/> B.Th. (remote first year)             | <input type="checkbox"/> M.T.S. (remote first year)               |
| <input type="checkbox"/> Gap Year Experience (1-year)          | <input type="checkbox"/> Iconography Certificate Program (3-year) |

Do you plan to apply for Seminary housing? ☐ Yes ☐ No

### Application Requirements

Applications must include the following:

1. A \$100 non-refundable application fee.
2. Birth Certificate (photocopy)
3. Baptismal Certificate (photocopy)
4. Marriage Certificate (if applicable; photocopy)
5. Ordination Certificate(s) (if applicable; photocopy)
6. Valid Passport (photocopy)
7. High School Diploma or Certificate of Completion
8. Official Transcripts and/or Certificates from all high school and higher learning institutions attended
9. Three Letters of Recommendation: (a) from one's Parish Priest or Spiritual Father (character reference); (b) from an academic advisor, professor, or instructor (academic evaluation); (c) from an employer or colleague (character reference).
10. A recent photograph
11. Autobiography of at least 1000 words, including the reasons why the applicant desires to study at the Seminary. The autobiography will serve as a writing sample for the Application Review Board. Please contact the registrar if you would like to receive a grading rubric.
12. Evidence of proficiency in English language (recommended: TOEFL iBT Score Report)
13. Proof of medical insurance coverage valid in the United States must be produced before registering for classes. *Nota Bene:* All students must purchase their own health insurance and are responsible for any medical expenses they may incur during their studies. Before arrival, each new student will be asked to speak with the Seminary's Medical Advisor in order to determine whether he/she has any particular health issues that might affect his/her studies.

The personal and academic information supplied by the applicant forms an essential part of the Application for Admission. Failure to make written disclosure of information solicited on this form, or misrepresentation of information supplied, may result in a denial of admission. If such omissions or misrepresentations come to light after admission to the Seminary and are reasonably believed to cast doubt upon your suitability for Seminary study, you may be subject to dismissal from the Seminary. The Seminary provides its educational programs and services in compliance with applicable federal, state, and local laws. It is the prerogative of the Seminary to determine which applicants will be admitted. The Seminary administration reserves the right to determine the conditions under which seminarians and other students may continue in the Seminary programs or be required to withdraw.

### PERSONAL INFORMATION

Baptismal Name (if different from legal name): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Current Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

### ECCLESIASTICAL INFORMATION

Jurisdiction: \_\_\_\_\_

Parish (Name and Address): \_\_\_\_\_

\_\_\_\_\_

Parish Priest: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Have you received any ordination? If so, please check your ordinations below:

- ☐ Reader
- ☐ Subdeacon
- ☐ Deacon
- ☐ Priest

### FAMILY INFORMATION

#### ***Marital Status***

Have you ever been married?

- ☐ Yes                      ☐ No

If yes, how many times have you been married?

- ☐ Once                      ☐ Two or more times

What is your current marital status?

- ☐ Married                      ☐ Divorced                      ☐ Widowed

#### ***Applicant's Spouse (if applicable)***

Full Legal Name: \_\_\_\_\_

☐ Check if deceased.

Place and Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

How many times has your spouse been married?

- ☐ Once                      ☐ Two or more times

### ***Applicant's Dependents***

Do you have any children or dependents?

☐ Yes

☐ No

***Dependent Full Legal Name***

***Date of Birth***

***Does this he/she live with you?***

\_\_\_\_\_

\_\_\_\_\_

Yes

No

\_\_\_\_\_

\_\_\_\_\_

Yes

No

\_\_\_\_\_

\_\_\_\_\_

Yes

No

\*if more than three dependents, please submit a separate sheet of paper with additional names and details.

12. If you are accepted, will your family accompany you to the U.S. during your studies?

☐ Yes

☐ No

### **MEDICAL INFORMATION**

19. Do you have any life-threatening illness or physical incapacity that might in any way impinge on your ability to participate fully in the Seminary's curriculum? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Do you have any allergies? If yes, please list them below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do you have any mental or physical disabilities? If yes, please list each disability below and provide a description of any accommodations which may need to be in place for you to access the social environment, educational content, and physical facilities at the Seminary. Further documentation may be requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DISCIPLINARY HISTORY

Have you ever been found responsible for a disciplinary violation at any education institution you have attended from the 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.

☐ Yes ☐ No

Have you ever been adjudicated guilty of or convicted of a misdemeanor, felony, or other crime? (Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.)

☐ Yes ☐ No

\*If you answered “yes” to either of these questions, please submit on a separate sheet a brief description and explanation of the incident(s) in question.

## SIGNATURE

I, the applicant, have carefully reviewed this application. I certify that the information I have provided is accurate and complete to the best of my knowledge. I shall promptly amend the foregoing application should there be a change in any of the facts therein and shall notify the Seminary of such changes as they occur.

I understand that the Saint Photios Orthodox Theological Seminary will create a student record in my name, and that Seminary personnel will have access to this student record. I further understand that from the time I file my application with the Seminary, it is my responsibility to know all of the rules and requirements for my intended program of study.

I understand that the Seminary reserves the right to conduct a background check, including, but not restricted to, a police background check. I also acknowledge that the Seminary reserves the right to contact any or all of my references and to verify any of the claims made in this application or in the course of the application process.

I understand and agree that any false or misleading information or deliberate omission could be cause for denial of admission, rescission of admission offer, disciplinary action, dismissal, or revocation of degree if discovered at a later date.

I agree to abide by the regulations governing academic affairs and student conduct at the Saint Photios Orthodox Theological Seminary.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If Applicant is under 18 years of age, a guardian must sign and will be contacted to discuss the application.***

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### NOTICE OF NONDISCRIMINATORY POLICY

The Saint Photios Orthodox Theological Seminary admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and other school-administered programs.

FOR ADMINISTRATIVE PURPOSES

Received by (admin name/title): \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Admission Decision (Accepted/Rejected) and Reason (if rejected): \_\_\_\_\_