



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 are U.S. Citizens.

Applicant's Full Legal Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Social Security or Passport Number: _____ Date of Birth: _____

Program of Study for which you are applying:

- Bachelor of Theology (B. Th.) Non-degree student (please explain your goals): _____
- Master of Theological Studies (M.T.S.)
- Gap-Year Program (GYP)
- Iconography Certificate Program (ICP)

Do you plan to apply for Seminary housing? Yes No

Admission Requirements

Applications must be received by **July 15** of the year in which you plan to enroll, and must include the following:

1. A \$50 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. High School Diploma or Certificate of Completion
7. Official Transcripts and/or Certificates from all high school and higher learning institutions attended
8. 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).
9. A recent photograph
10. Autobiography, including the reasons why the applicant desires to study at the Seminary. The autobiography serves as a writing sample for the Seminary's assessment of the student's composition skills. Please contact the registrar if you would like to request a grading rubric.
11. Proof of medical insurance coverage valid in the United States. *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.



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Personal Information

1. Applicant's Baptismal Name (if different from legal name): _____

2. Residential Address (if different from mailing address):

3. Applicant's Father

Full Legal Name: _____ Check if deceased.
Place and Date of Birth: _____ Religion: _____

4. Applicant's Mother

Full Legal Name: _____ Check if deceased.
Place and Date of Birth: _____ Religion: _____

5. Marital Status

Have you ever been married?

Yes No

If no, please skip to question 7. If yes, how many times have you been married?

Once Two or more times

What is your current marital status?

Married Divorced Widowed

6. 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

7. Applicant's Dependents

Do you have any children or dependents?

Yes No

If yes, please list your dependents below:

| <i>Dependent Full Legal Name</i> | <i>Date of Birth</i> | <i>Does this he/she live with you?</i> | |
|----------------------------------|----------------------|--|-----------------------------|
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*if more than five dependents, please submit a separate sheet of paper with additional names/ages.



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Ecclesiastical Information

8. Jurisdiction: _____

9. Parish (Name and Address): _____

10. Parish Priest: _____ Telephone Number: _____

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

- Reader
- Subdeacon
- Deacon
- Priest

Disciplinary History

12. Have you ever been found responsible for a disciplinary violation at any education institution you have attended from the 9th 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

13. 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 provide a brief description and explanation of the incident(s) in question below:



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Medical Information

14. 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:

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

16. 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.

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: _____



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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):
