

**Application for the
University of Notre Dame and Our Sunday Visitor
Theological Studies Program
Diocese of Fort Wayne-South Bend**

1. Name _____

Address _____

City/State/Zip _____

Phone _____

2. Email _____

3. Parish/School _____

4. College/University Attended _____

Degree(s) _____

Year of Graduation _____

Major(s) _____

Minor(s) _____

5. Current Employment _____

If employment is with a Diocesan parish or school please give pastor's name
and/or principal's name

Pastor: _____

Principal: _____

7. Who recommended you? _____

8. Please list three references (Pastor unless he recommended you, Professional, and Personal):

1. Name _____

Address _____

City/State/Zip _____

2. Name _____

Address _____

City/State/Zip _____

3. Name _____

Address _____

City/State/Zip _____

9. What attracts you to becoming involved in theological studies?

**Please return completed application
along with a copy of your college/university transcript(s) to:**

**Office of Catechesis
Attn: ND/OSV Theological Studies Program Application
P.O. Box 390
Fort Wayne IN 46801**

AUTHORIZATION OF RELEASE OF INFORMATION

To: Secretariat for Catholic Education - Office of Catechesis
Diocese of Fort Wayne-South Bend

In submitting my application to become a participant in the University of Notre Dame and Our Sunday Visitor Theological Studies Program, I hereby grant the Secretariat for Catholic Education through the Office of Catechesis permission to investigate any of the facts or statements submitted by me, except where my written statement on the application form specifically requests that no investigation be made.

I further authorize that the information I have given, together with supporting documents, be shared with schools and/or parishes that wish to consider me for employment.

Signature of applicant: _____

Date: _____