

# Diocese of Youngstown



## STUDENT CLERGY / RELIGIOUS ACADEMIC INFORMATION

Return Completed Form to:  
Office of the Chancellor

**\* PLEASE PRINT and SIGN YOUR NAME \***

STUDENT NAME

CITIZENSHIP

\_\_\_\_\_  
FULL FORMAL NAME (please print)

- USA  
 OTHER

\_\_\_\_\_  
(Please Specify)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

Diocese of Youngstown  
STUDENT CLERGY / RELIGIOUS ACADEMIC INFORMATION

**Student Information**

Check One:  Sister     Consecrated Virgin     Brother     Religious Priest     Secular Priest     Deacon

First	Middle	Last	Telephone Number (    )
Current USA Address			Cell Phone Number (    )
City / State / Zip		Email Address	
Who is providing for your room and board? _____		PLEASE NOTE: You may not conduct fundraising for your personal needs, your congregation and/or diocese, <u>without</u> permission from the Propagation of the Faith Office of the Diocese of Youngstown.	
Name	Relationship		

**Religious Congregation or Current Diocese**

Name of Religious Congregation or Current Diocese	Telephone Number (    )
Name of Superior or Bishop	Fax Number (    )
Address	Email Address

**USA Superior (for members of Religious Orders Only)**

Name of Superior to whom you report to while in the USA	Telephone Number (    )
Address	
City / State / Zip	Email Address

**Local Emergency Contact Person**

Name of Local Contact Person in Case of Emergency	Home Telephone Number (    )
Address	Work Telephone Number (    )
City / State / Zip	Cell Phone Number (    )
Email Address	

**Visa Information (if applicable)**

Visa Type	Date of Entry in the USA	Date of Visa Expiration
-----------	--------------------------	-------------------------

Diocese of Youngstown  
STUDENT CLERGY / RELIGIOUS ACADEMIC INFORMATION

**Academic Institution**

Name of Academic Institution Attending	Program Advisor Work Telephone (      )
Name of Program Advisor	Programmer Advisor Cell Phone (      )

**Program of Study**

Please describe Program of Study	Degree Being Pursued
	Date Entered Program
<input type="checkbox"/> Beginning the Program <input type="checkbox"/> Continuing the Program	Projected Completion Date for Program of Study

**Ministries: List all types of ministries and/or work in which you are currently involved.**

Ministry Name (e.g. Catechist)	Location of Ministry (e.g. Parish Name)	Work with minors? <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

**Previous Diocese(s) - Prior to Coming to Diocese of Youngstown**

Name of Diocese	Country	From Year	To Year

**DIocese OF YOUNGSTOWN REQUIREMENTS**

**For ALL:**

1) **Submit a Letter of Suitability** - please **attach a copy** to this information data sheet.

(For Religious Priests, Secular Priests, Deacons and Consecrated Virgins - from your Diocesan Bishop)  
(For Religious Brothers and Sisters - from your Major Superior)

**For Religious Priests / Deacons:**

2) **Diocese of Youngstown Faculties MUST be renewed annually.**

If you have not renewed or applied for faculties during **this current fiscal year** - **please contact immediately** the Vicar for Clergy, Reverend John Jerek at (330) 744-8451 or jjerek@youngstowndiocese.org.

**Please refer to the back of this form - for return envelope checklist.**

## Return Envelope Contents - Checklist

PLEASE INCLUDE THE FOLLOWING DOCUMENTS IN THE RETURN ENVELOPE PROVIDED TO:

Office of Clergy/Religious  
Diocese of Youngstown  
144 West Wood Street  
Youngstown, OH 44503

Student Clergy/Religious presence in the Diocese of Youngstown:

- 1. This Form Completed and Signed
- 2. Letter of Suitability from your Diocesan Bishop or Major Superior

Thank You - for providing this information  
and for your time in completing all the necessary requirements.