

TO THE APPLICANT — (Required for those seeking seminarian status)

Metropolitans are not always familiar with all their spiritual children. Please fill out the section below to refresh your Metropolitan's memory. You might consider having your priest forward his recommendation as well. Contact the local Metropolis to arrange for your Metropolitan to complete the form and return it to the Admissions Office. Often a hierarch will want to meet with you personally as part of the process. As always, it is a courtesy to include a stamped, addressed envelope.

Name: _____ Nameday: _____ Age: _____

Home Parish: _____

Present Occupation: _____ How long? _____

Are you seeking Seminarian Status? ☐ Yes ☐ No ☐ Undecided

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other

Spouses Name: _____ Occupation _____

Children (Names/Ages) _____

Parish Activities/Involvement (indicate length of involvement):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> GOYA/SOYA | <input type="checkbox"/> YAL | <input type="checkbox"/> Parish Athletics | <input type="checkbox"/> Dance Troupe |
| <input type="checkbox"/> AHEPA/Sons/Daughters | <input type="checkbox"/> Choir | <input type="checkbox"/> Chanting | <input type="checkbox"/> Sunday School Teacher |
| <input type="checkbox"/> Parish Council | <input type="checkbox"/> Youth Group Sponsor | <input type="checkbox"/> Greek School Teacher | <input type="checkbox"/> Altarboy |
| <input type="checkbox"/> Tonsured Reader | <input type="checkbox"/> Other | | |

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Holy Cross, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I ☐ waive ☐ do not waive any right of access that I may have to this recommendation form.

Applicant's Signature: _____ Date: _____

TO THE HIERARCH

The person presenting you this form is applying for admission at Holy Cross with the intent of preparing to serve the Orthodox Church. Training for Church service traditionally requires episcopal approval. The Admissions Committee depends heavily on your pastoral evaluation of the Church's needs and this candidate's potential to minister to the faithful of your Metropolis. We very much appreciate the thoughtfulness, thoroughness, and time you will devote to this evaluation. Please be assured that the School is grateful for your ongoing assistance in the selection and formation of future Church leaders.

Respectfully,

Admissions Department

How long have you known the applicant? _____

How well do you know the applicant?

☐ I know him very well ☐ I know him well enough ☐ I am familiar with him ☐ I have met him for the first time during this process ☐ I do not recall ever having met him

If you are familiar with this student and would like to offer comments, kindly describe below your overall impression of the suitability of this applicant for theological studies leading to ecclesiastical service. Please include comments regarding both his personal assets and/or positive features and his possible liabilities or handicaps as a potential Church leader. Please use additional sheets if desired. If you are not familiar with this student, this section is optional.

How do you respond to the applicant's desire to embark on theological studies leading to Church service?

- ☐ He has my enthusiastic blessing
- ☐ He has my paternal blessing
- ☐ He has my blessing with some hesitation
- ☐ He has my qualified/conditional blessing
- ☐ He does not have my blessing



Hierarch's Signature _____ Date _____

Hierarch's Name (please print) _____

Metropolis: _____ Phone Number _____