

Saint Joseph House Application



BROTHERS of HOLY CROSS St. Joseph House Collegiate Application

I. PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Email: _____

Local Address: (campus) _____
Hall *Room#*

OR

(Local off-campus / home): _____
Street *City* *Zip code*

Phone: Cell: () _____ Home: () _____

II. ACADEMIC INFORMATION

Cumulative Grade Point Average (GPA): _____ Major(s): _____

Minor(s): _____ Expected Graduation Date: _____

III. WORK EXPERIENCE

Organization	Title/Type of Position	Job Description/Duties	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. RELIGIOUS HISTORY

1. Date of Baptism: _____ Name/Location of church: _____
2. Date of Confirmation: _____ Name/Location of church: _____
3. Are you a convert to Catholicism? ____ Yes ____ No
4. Do you participate/attend mass at Holy Cross College? ____ Yes ____ No
5. List Church related ministries/activities in which you have been involved during the last 2 years.

V. SELF-ASSESSMENT

Rate yourself in each of the following areas:	High	Above. Avg.	Avg.	Below Avg.	Low
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactful with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal drive and ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerant of others' shortcomings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admitting my mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuming responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious convictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental or emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TYPE OR PRINT

VI. PERSONAL STATEMENTS

Why do you want to be part of St. Joseph Collegiate Program? What might be a challenge for you living in community?