

Application for Admissions

diaconate program

**Holy Cross
Greek Orthodox
School of Theology**
50 Goddard Avenue
Brookline, MA 02445

Toll Free 866-424-2338
Tel. 617-850-1260
Fax. 617-850-1460
www.hchc.edu
admissions@hchc.edu

PERSONAL DATA

Year Intended Enrollment: _____

How did you find out about Holy Cross? _____

Legal NAME: _____ Gender Male Female
Last/Family First Middle(Jr. etc)

Prefer to be called: _____ (Nickname) Former Name(s) _____

Home Address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

Best Telephone # to reach you: _____ email address: _____
(Area code)-number

Date of Birth: _____ Place of Birth _____
City/Town State/Province Country

If different From Above, Please give a mailing address for correspondence.

Mailing Address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

Mailing address Telephone # to reach you: _____
(Area code)-number

Citizenship: USA Dual citizenship-USA and (please specify other): _____
 USA Permanent Resident Visa-Citizen of: _____

Marital Status:
 Single Married Separated Divorced Widowed Other _____

Spouse's Full name: _____

Please give the names and ages of your Children: _____

EDUCATIONAL DATA

INSTITUTION	LOCATION	DATES		DEGREE RECEIVED OR EXPECTED
		FROM	TO	

Honors or scholastic Achievements : _____

WORK EXPERIENCE

List any job that you have held during the past five years.

Specific nature of work	Employer	Dates of employment	Number of hours per week

CHURCH INFORMATION

Orthodox Jurisdiction: _____ Other: _____

Home Parish: _____ City, State: _____

Parish Priest: _____ Metropolis/Diocese: _____

Have you consulted with you parish priest about entering the Diaconate Program? Yes No
Have you consulted with your hierarch about entering the Diaconate Program? Yes No

Date of Reception into the Orthodox Church: _____ By Baptism By Chrismation Other

Parish, City, State of Reception _____

Have you been affiliated with another church or religion?
 No Yes _____

Have you ever taken a vow or promise in a religious order or institution?
 No Yes _____

Are you aware of any canonical impediments to your future ordination as a deacon?
 No Yes _____

CERTIFICATION

"I certify that the information provided on this application is accurate, complete, and honestly presented. I understand that any inaccurate or misleading information or omission will be cause for disqualification from further consideration for admission and will be cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date."

Applicant's Signature: _____ Date: _____

DIACONATE PROGRAM

Priest's Recommendation

diaconate program

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TO THE APPLICANT

Please fill in the information requested below and give this form to your parish priest or another clergyman who knows you well. Including a stamped, addressed envelope will make it easier for him to help you.

Name: _____

Application to the Diaconate Program:

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 in the Program, 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 **wave** **do not wave any right of access that I may have to this recommendation form.**

Applicant's Signature: _____ Date: _____

TO THE PRIEST

In selecting students, the Admissions Committee depends very much on evaluations of the applicants supplied by persons who know them well. We are eager to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for service to Church and community. Therefore, we ask you to provide a thoughtful and *completely frank* appraisal of the applicant. 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 assistance in the evaluation and selection of future Church leaders.

Sincerely,

Admissions Department

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? _____

How well do you know the applicant? _____

Recommender's Signature: _____ Date: _____

Name (please print): _____ Title: _____

Parish/Church: _____ Phone Number: _____

Address: _____

This recommendation is an important factor in the admission decision; the Admissions Committee expects it to be completed only by the recommending individual who has signed above.

DIACONATE PROGRAM PRIEST'S RECOMMENDATION

For the following, please check as many choices as pertain to the applicant.

Commitment and Character

- Above reproach
- Undeveloped in certain areas
- Obvious to others
- Questionable

Reasoning and Decision Making Ability

- Insightful, well thought-out
- Impetuous, acts without thinking
- Seeks the counsel of others
- Disregards sound advice
- Displays wisdom

Sensitivity to Others

- Responsive to the needs of others
- Insensitive to the feelings of others
- Compassionate, caring
- Impatient with others
- Intolerant to opposition
- Encouraging

Parish Involvement

- Serves in leadership
- Attends frequently
- Attends occasionally
- Invested in the life of the Church

Motivation and Perseverance

- Highly motivated
- Easily distracted/discouraged
- Demonstrates persistence
- Lacks resolve/determination
- Easily swayed by circumstances

Responsibility

- Dependable
- Irresponsible, careless
- Avoids responsibility
- Completes work in timely manner
- Difficulty in managing finances

Capacity for leadership

- Demonstrates leadership abilities
- Lacks leadership ability
- Potential for leadership
- Authoritarian, can be harsh
- Respected leader
- Avoids leadership responsibility

Emotional Maturity and Stability

- Accurate self-appraisal
- Insecure, poor self-image
- Prone to anger
- Exercises self-control
- Prone to depression
- Demonstrates emotional stability
- Emotionally unstable

Cooperation (ability to work with others)

- Works well with others
- Intimidated in group settings
- Shares responsibility
- Dominates in group settings
- Does not work well with different personalities and temperaments

Communication Skills

- Articulate, effective communicator
- Difficulty in expressing ideas
- Insecure
- Comprehends well
- Argumentative

Facility in Interpersonal Relationships

- Approachable, sought by others
- Avoided by others
- Tolerated by others
- Initiative, seeks out others
- Withdrawn, avoids others
- Inappropriate in mixed settings
- Difficulty maintaining relationships

Program Understanding

-
-

What do you consider to be the applicant's strengths? _____

What do you consider to be the applicant's weaknesses? _____

What do you feel would be the applicant's greatest difficulty at the Program? _____

Please assess the applicant's potential for academic work. _____

Have you reviewed potential canonical impediments with the applicant?
 No Yes

Would you accept this person as a deacon in your parish?
 Very Eagerly Gladly With Some Reservations

Please check your overall evaluation of this applicant for the Program:
 Outstanding Candidate Excellent Candidate Very Good Candidate
 Good Candidate Fair Candidate Poor Candidate

Hierarch's Evaluation

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TO THE APPLICANT

Please fill out the section below for your metropolitan's information; we suggest 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 Office of Admissions. 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: _____ Date of Birth: _____

Home Parish: _____

Present Occupation: _____ How long: _____

Marital Status:

Single Married Separated Divorced Widowed Other _____

Spouse's name: _____ Occupation: _____

Children (names/ages) _____

Parish Activities / Involvement (Indicate length of involvement):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> GOYA | <input type="checkbox"/> YAL | <input type="checkbox"/> Parish Athletics | <input type="checkbox"/> Dance Troupe |
| <input type="checkbox"/> AHEPA / 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"/> Bible Study |
| <input type="checkbox"/> Altarboy | <input type="checkbox"/> Tonsured Reader | <input type="checkbox"/> Orthodox Scouting | <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 in the Program, 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 to Holy Cross with the intent of preparing to serve the Orthodox Church. In conformity with traditional practice, episcopal approval must be obtained before beginning studies for Church service. 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 the applicant very well. I know the applicant well enough. I am familiar with the applicant.
 I have met the applicant for the first time during this process. I do not recall ever having met the applicant.

In the space provided, kindly describe your overall impression of the suitability of this applicant for theological studies leading to ecclesiastical service. Please include comments on both the applicant's personal assets or positive features and possible liabilities or handicaps as a potential Church leader. Please use additional sheets if desired.

How do you respond to the applicant's desire enter the Diaconate Program leading to Church service?

- The applicant has my blessing.
 The applicant does not have my blessing.

MENTOR ASSIGNMENT

Mentor Priest's Name: _____

Mentor Priest's Parish _____

City/State: _____ Phone #: _____

Hierarch's Signature: _____ Date: _____

Hierarch's Name (please print): _____

Metropolis: _____ Phone Number: _____