



Admissions Application

APPLICATION CHECKLIST

This application form.

Two 750 word essays. (see page 2)

Resumé & Photo. Please list all professional experience, community involvement, service accomplishments, church activities, apostolic activities, educational background, skills, & hobbies. Please include a photo. Resumé may be longer than one page. In an effort to humanize our application process, we are asking for a photo.

Two Recommendation Forms. (see pages 3-4)

Physical Examination Forms. The forms, enclosed with this application, are to be completed and signed by a physician, licensed nurse practitioner, or physician's assistant while examining you. The forms must be completed and submitted within one month prior to the start date of the required first year orientation. An applicant cleared medically will be considered likewise fit for any outdoor expeditions. An applicant who is denied medical clearance cannot be accepted into the Saint John Institute. (see pages 5-8)

Personal History Form. (see page 9)

Interview. If applicant is a strong candidate, and has been accepted to Walsh University, an interview will be conducted via webcam. Interview scheduling will occur via email and phone.

Please email all completed application materials to:

**Director of Admissions
The Saint John Institute
admissions@saintjohninstitute.org**

APPLICANT INFORMATION

Last Name _____ First _____ Middle _____

Preferred Name _____ Male Female

Birth date (mm/dd/yy): _____

Permanent Address:

Number and Street _____

City _____ State _____ Zip _____

Home phone: _____

Cell phone: _____

Email: _____

Citizenship: _____

Birthplace: _____

Religion: _____

Race (optional); please check all that apply:

- Hispanic Asian White
 American Indian or Alaska Native Black or African
 American Native Hawaiian or Other Pacific Islander

Federal law requires us to request this information. SJ I admits persons of all religions. The Institute will not discriminate on the basis of race, color, national, ethnic origin or any other status protected by law, in the administration of its educational policies, admissions policies, scholarship or financial aids programs, or any other school-administered programs.

How did you hear about the Saint John Institute?

Fr. Nathan Cromly or a Brother of Saint John

From an Eagle Eye Ministries event
Which event?

Article or advertisement
Where?

EMERGENCY CONTACT INFORMATION

Emergency Contact
Name:

_____ Last

_____ First

Address:

_____ Number and Street

_____ City

_____ State

_____ Zip

Home phone: _____

Cell phone: _____

Email: _____

Relationship to Applicant: _____

Emergency Contact
Name:

_____ Last

_____ First

Address:

_____ Number and Street

_____ City

_____ State

_____ Zip

Home phone: _____

Cell phone: _____

Email: _____

Relationship to Applicant: _____

OTHER INFORMATION

Have you ever been convicted of a felony, or have you ever been expelled, suspended, or placed on probation at any educational institution? If so, please explain (please enclose a longer explanation if necessary).

ESSAYS

Essay Prompt One: Give a brief biography of your life. What are the three most important events that shaped who you are today?

Essay Prompt Two: What are three of your greatest qualities (according to yourself or others who know you) and how do you hope to develop them in order to evangelize in modern world?

Each essay should be 750 words, in .PDF format, and included with your application.

INFORMATION FOR THE APPLICANT

- If you have any questions, and to verify our most up-to-date policies, please e-mail us at admissions@saintjohninstitute.org.
- The Admissions Department will begin evaluating applications as soon as they are received.
- The Saint John Institute employs a modified rolling admissions policy. The Admissions Department meets regularly to consider and render decisions on all applications that have been completed since the previous meeting. You will be notified promptly upon the decision of the Admissions Department.

CERTIFICATION

By typing my name below, I certify the following: a) that the information on this form and in any documents related to my application is true and complete to the best of my knowledge; b) that I have withheld nothing about my physical or mental health either here, in the Personal History Form, or in having the Physical Examination Form completed; and c) that my admissions essay was written by me with minimal advice and suggestions from others. I understand that falsification or withholding of requested information on this application or any of its related components or documents will subject me prior to enrollment to disqualification from admission to the Saint John Institute or after enrollment to expulsion.

Applicant Signature

Date



Recommendation Form

APPLICANT'S PORTION

Applicant: Please complete this portion of the form before giving it to your reference.

Applicant's name: _____
Last First Middle

Address: _____
Number and Street City State Zip

Federal law requires that references be made available to applicants unless they agree to waive their right of access. Please indicate your preference below and sign and date this form in the space provided. Applicants who do not indicate a preference will be permitted to read their references should they enroll in the Institute.

- I **waive** my right of access to this recommendation: It is to remain confidential now and in the future.
- I **do not waive** my right of access to this letter: I reserve the right to be shown this letter upon request.

Applicant Signature _____ Date _____

REFERENCE'S PORTION

Reference's name: _____
Last First

Address: _____
Number and Street City State Zip

Institution: _____ Title: _____

Phone Number and/or email (*optional*): _____

How long have you known the applicant? _____

In what capacity? _____

Instructions and Background Information

Please read the information below before completing and signing the second page of this form.

The applicant whose name appears above is applying for admission to the Saint John Institute and has chosen you as a reference. We would appreciate a candid assessment from you. Attending the Saint John Institute will have serious consequences for the individual and the SJI community. It is important that your assessment be frank and honest, as it will provide important guidance for the Admissions Team. Please take the time to consult our website so as to familiarize yourself with the program's demands.

The Saint John Institute holds the Catholic faith as its centerpiece. Its life will flow from a devout acceptance of the Catholic tradition. While typically the student body of a Catholic institute is predominantly Catholic, students of all faiths are welcomed at SJI, as they too, we believe, will greatly benefit from the Catholic dimensions of our Institute.

Please evaluate the applicant on the following:

THE APPLICANT...	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NO BASIS
...possesses a high level of maturity						
...possesses a strong moral character; displays integrity and honesty						
...is emotionally stable						
...responds well to stressful situations						
...responds well to new/unfamiliar situations						
...responds well to setbacks						
...possesses a strong work ethic; is self-motivated and self-disciplined						
...possesses excellent time management skills (study/recreation/prayer balance)						
...meets deadlines; is dependable, diligent and punctual						
...is a strong contributor to classroom discussions; is neither overbearing nor simply an observer						
...possesses excellent writing skills						
...possesses excellent mathematical skills						
...possesses developed social skills; is self-aware and at ease with others; behaves appropriately according to the circumstance						
...consistently shows concern for others						

Please answer the following questions on a separate sheet(s), and include this signed form in your mailing.

The daily rhythm and expectations of the Saint John Institute are rigorous and demanding. Describe the applicants ability to manage time and handle stress.

Academically, does the applicant consistently perform to the best of his/her abilities? Do you honestly think that this student is well-suited to the career goals they have set for themselves? Why or why not?

Describe this person's capacity for community living. What should a potential housemate know about living with this person to prepare for life with them?

Are there any other qualities or information about the applicant you believe we should know?

By typing my name below, I certify that the information on this form and in any documents related to to this reference is true and complete to the best of my knowledge:

Reference's Signature

Date

Please scan this form and email this statement and attachments to:

*Director of Admissions, The Saint John Institute, admissions@saintjohninstitute.org
or mail to
Saint John Institute, C/O All Souls Catholic Church 4950 S Logan Street
Englewood, CO 80113*



Physical Examination Form

This form should be filled in by a Physician, Licensed Nurse Practitioner or Physician's Assistant

The Saint John Institute formation program will include a variety of outdoor recreation activities. The length of the orientation expedition is 21 days. While the activities will be suitable for those of average health and fitness, applicants should be aware of the following:

- **Backpacking w/50-65 lb pack, hours at a time, over rough terrain.** Participants will hike and camp in mountainous terrain that will include traveling off trail, up steep inclines, crossing various bodies of water, and camping in tents in various temperatures.
- **Hiking/backpacking/mountaineering at elevations over 10,000 feet and higher.** Students are expected to sleep outdoors, to set up their own camp sites, and to be responsible for cooking for themselves and others.
- **Extreme weather conditions.** Weather conditions range from 40°F - 100°F and may include intense sunlight and thunderstorms.
- **Water disinfection.** All wilderness water will be disinfected with iodine, betadine, chlorine dioxide or by boiling. Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain a certified water filter for the expedition.

In the interest of the personal safety of both the applicant and the other expedition members, please consider the questions carefully when completing this form. If we have questions regarding an applicant's ability to successfully complete the course, we will call the applicant to discuss it. We appreciate your assessment of this individual in light of the above course activities and conditions.

Detailed comments will expedite our review of this form. Each question must be answered and please provide details for all "Yes" answers.

Patient Name: _____

Gender: Male Female Height: _____ Weight: _____ BMI: _____ DOB: _____

Please indicate if the applicant is: Overweight or Underweight If so, how much? _____

If applicant is overweight or obese, additional requirements may be imposed to prove adequate fitness to complete the expedition.

Pulse irregularities? Yes No If yes, please describe symptoms and indicate clinical significance: _____

Blood Pressure: _____/_____ If BP is over 150/90, please repeat: Second Reading _____/_____

1. **Physician's Examination.** Information must be based upon examination done within one year of course start date.

√if Normal	√	Describe if Abnormal
Skin		
Eyes		
Peripheral Vision		
Ears		
Nose		
Throat/Mouth/Teeth		
Neck		
Thyroid		
Lungs		
Heart		
Liver		
Abdomen		
Back		
Extremities		
Knees		
Ankles/Feet		
Nervous System		
Muscles, Joints, Bones		
Digestive System		
Urinary Tract		
Reproductive System		

2. **Patient Health History.** Please check box if applicant currently has or has a history of any of the following:

Condition	√	Comments. Please note if condition is controlled/stable
Anemia		
Arthritis		
Asthma /Had an Asthma Attack?		
Blood Disorders		
Cancer		
Diabetes		
Dizziness/Fainting Episodes		
Eczema		
Epilepsy/Seizures		
Head Injury/Loss of Consciousness		
Heart Disease/HBP/ High Cholesterol		
Hepatitis or other Liver Disease		
Migraines/Headaches		
Neurological Problems		
Thyroid Disease		
Other		

3. **Allergies.** Please note any allergies to food, medicines, insects/bees, plants, latex, etc. Please note any systemic reactions:

If appropriate, applicant should bring 2-3 Epi-Pens or Twinjects with them on the course.

Water may be disinfected with iodine. Is iodine contraindicated for this person? _____ Yes _____ No

Have you ever been stung by a bee? _____ Yes _____ No

4. **Dietary Restrictions/Preferences.** Please specify:

<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____
---	--

5. **Cold/Heat/Altitude.** Please check box if applicant currently has or has a history of any of the following:

Condition	√	Comments.
Frostbite	<input type="checkbox"/>	
Raynaud's Syndrome	<input type="checkbox"/>	
Acute Mountain Sickness	<input type="checkbox"/>	
High Altitude Pul/Cerebral Edema	<input type="checkbox"/>	
Heat Stroke	<input type="checkbox"/>	
Other Heat Related Illness	<input type="checkbox"/>	

6. **Medications.** Please list or indicate NONE. Include vitamins, minerals and over-the-counter medication. Attach additional sheet if needed.

Medication	Taken For	Dosage	Date Started	Current Side Effects

Does this person plan to take prescription/non-prescription medication with them? _____ Yes _____ No

7. **Surgical Procedures.** Please list or indicate NONE. Attach additional sheet if needed.

Date	Procedure	Reason	Status/Prognosis

8. **Fitness.** Please provide details concerning the applicant's exercise regime.

Does the applicant exercise regularly? _____ Yes _____ No

Activity: _____

Frequency: _____

Duration/Distance: _____

Intensity Level: Easy Moderate Competitive

Activity: _____

Frequency: _____

Duration/Distance: _____

Intensity Level: Easy Moderate Competitive

Swimming Ability (Check One) Non-Swimmer

Recreational

Competitive

9. **Foreign Travel**

Years	Countries Visited

10. **Assessment.** Please check one of the following and provide necessary comments:

_____ Full participation with no concerns.

_____ Participation with concerns being _____

_____ Participation ONLY if the following is addressed _____

_____ No participation due to _____

How long have you known the applicant? _____

By my signature, I attest that the information in this form is complete and correct.

Physician Signature

Date of Exam

Physician Printed Name

Telephone Number

Street Address

City

State

Zip

Scan and email completed form to the Saint John Institute, email admissions@saintjohninstitute.org. Or mail to: Saint John Institute, C/O All Souls Catholic Church 4950 S Logan Street, Englewood, CO 80113

For SJI Use Only: <input type="checkbox"/> Initial Review OK	<input type="checkbox"/> Detailed Review OK	<input type="checkbox"/> Check Further
Date: _____	Reviewer Initials: _____	



Personal History Form

(Counseling/Mental Health)

Please consider the below questions carefully. SJI requires that any participant with a counseling history demanding medication, hospitalization or residential treatment, display one year of stability before they will be accepted to the program. Additional medical attestation may be required upon our request. Applicants are reminded that falsification or withholding requested information may subject their enrollment to disqualification from admission to the Saint John Institute or, after enrollment, to expulsion.

Applicant Name: _____

1. Have you ever had treatment, counseling or hospitalization with a mental health professional?

Yes

No

2. Are you currently in treatment or counseling?

Yes

No

3. Reason for treatment or counseling?

Suicide

ADD/ADHD

Substance Abuse/Chemical Dependency

Academic/Career/Family Issues/Divorce

Eating Disorder (Anorexia/Bulimia)

Depression

Schizophrenia/Paranoia

Other _____

Please provide specific dates and details of counseling history, past and present, and medications that were prescribed (attach additional sheets or documentation if applicable):

Contact information of therapist:

Name

Phone Number

Applicant Signature

Date