



## THE ROME EXPERIENCE 2025

### APPLICATION DEADLINES AND REQUIREMENTS

Seminarians interested in applying to the program must be recommended by their bishops and vocation directors and must be entering, in, or beyond theological studies in the Configuration Stage.

**APPLICATION DEADLINE:** Applications must be received or postmarked by **Wednesday, January 8, 2025**. Application is considered complete when all materials are received.

All of the following must be included with the application:

1. A current color photograph of yourself in clerical clothing (passport quality)
2. A copy of your passport
3. Signature of approval and letter of recommendation from your vocation director, p. 4
4. Typewritten biographical essay, p. 5
5. Signed, Rome Experience Seminarian Code of Conduct, p. 6-7
6. Signed, Rome Experience Agreement, p. 8-9
7. Scholarship Application (if requesting financial assistance), p. 10

Send completed applications by email or postal mail to:

[info@theromeexperience.org](mailto:info@theromeexperience.org)

The Rome Experience  
4340 Cross Street, Suite 1  
Downers Grove, IL 60515  
Phone: 630-541-8519 x 28 | Fax: 331-777-5819

Acceptance into the program:

- Upon receipt of your application, you will be contacted and a convenient time will be arranged for a telephone interview.
- You will be notified of our decision regarding your application and scholarship request (if applicable) by **Friday, January 31, 2025**.
- Upon acceptance into the program, you are required to submit your deposit for the airfare to/from Europe by **Friday, February 14, 2025**.
- You are responsible for communicating any request for a change of return city and/or date to the Program Coordinator.



## THE ROME EXPERIENCE 2025 APPLICATION

**Personal Information:**

*First Name:	*Middle Name:	*Last Name:
Date of Birth (MM/DD/YYYY):	Place of Birth:	**Citizenship:
Passport Number:	Date Passport was Issued:	Date Passport Expires:
Country that Issued Passport:	Visa Number (if applicable):	Height:      Weight:

**\*The name on your passport and the name on your airplane ticket must be the same.**

\*\*For non-American citizens, a visa may be required for travel in Italy and France. It is the responsibility of the participant to obtain all required travel documents. This process can take several months. You should contact the consulate offices as soon as possible.

Diocese for which I am studying:		Anticipated year of ordination:
Seminary Name:		Year in Seminary:
Seminary Address:		Seminary Phone:
City:	State:	Postal Code:
Home Address:		
City:	State:	Postal Code:
Primary/Cell Phone:	Personal Email:	Seminary Email:

**Do you have any food allergies and/or dietary restrictions?** No Yes If yes, please explain:

**Are you currently receiving care for any physical or psychological issues?** No Yes If yes, please explain:

**Emergency Contact Information:**

Emergency contact:		
Relationship:		
Email:	Work/Home Phone:	Mobile Phone:

**GENERAL TERMS AND CONDITIONS**

By your signature, you acknowledge that Midwest Theological Forum (MTF) shall obtain all air transportation between you and the suppliers of said transportation at the airline’s rates and at no additional cost to you for the services of MTF. It is understood that said air travel is not being supplied by MTF nor are the hotel accommodations, ground transportation, tours, tour guides, escorts, etc., and MTF shall not be responsible for actions or omissions on the part of such suppliers, which may result in any loss, damage, delay, or injury to you. Further, MTF shall not be responsible for injuries, damages, or losses caused to you in connection with social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, war, terrorist activities, or any other actions, omissions, or conditions outside their control. By embarking upon travel, you voluntarily assume all risks and are advised to obtain appropriate insurance coverage against them. Your booking shall constitute a consent to the above and engaging MTF for said services under these terms and conditions, and agrees to hold MTF blameless in making the arrangements on your behalf, and agrees that restitution or damages, if any are claimed, shall be sought directly from the suppliers. MTF is not responsible for lost persons and for the expenses incurred while being lost. Each traveler assumes responsibility for staying with the group.

Applicants will be notified by **Friday, January 31, 2025** of their acceptance into the program and their scholarship award (if applicable).

Upon acceptance into *The Rome Experience*, applicants are responsible for the following payments:

1. The tuition fee for the program is \$10,000. The tuition fee includes spiritual retreat in Ars, France, and transportation in Europe, double occupancy room and board, academic and honorarium fees, and entry fees to museums and historical sites.
2. The following are not included in the tuition fee: transportation to/from Chicago, airfare to/from Europe, personal expenses, and personal/optional activities outside of the program.
3. Due **Friday, February 14, 2025**: \$1,500 deposit to secure the airline ticket to/from Europe. The deposit is non-refundable after Friday, March 8, 2025. Please note that the airfare is based on a group rate. If you choose to make any changes to the ticket, you are responsible for all associated fees.
4. Due **Friday, March 7, 2025**: Full tuition payment—less deposit and scholarship award (if applicable). The tuition fee is non-refundable.

Payments can be made online, by phone, or by check payable to:

**Midwest Theological Forum, 4340 Cross Street, Suite 1; Downers Grove, IL 60515**

With my signature, I declare that I have read, understand, and accept the general terms and conditions of *The Rome Experience*:

Applicant’s Signature:
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## THE ROME EXPERIENCE 2025

### APPROVAL FROM THE VOCATION DIRECTOR

Dear Vocation Director,

Seminarians applying to the Rome Experience must be recommended by their bishop and are required to obtain written approval from their vocation director. The application, therefore, will not be considered without your signed approval (below) and a letter of recommendation.

The Rome Experience brings together seminarians from around the United States and from various backgrounds, ethnicities, and ages. It is important that seminarians who participate in the program demonstrate maturity and stamina. We kindly ask that you address in your letter how the applicant exemplifies these characteristics as well as answer some of the following:

1. Why are you recommending the applicant for the program?
2. What are the applicant's academic strengths and challenges?
3. Does the applicant communicate clearly and effectively?
4. If the applicant is not a native English speaker, can he easily understand complex English spoken in a foreign accent or under stressful situations?
5. Can the applicant adapt to various situations and deal with inconveniences without complaint?
6. Does the seminarian demonstrate the ability to have an open and mature relationship with authority?
7. Is the seminarian capable of engaging himself in a tight community?

Please include other matters that you feel are important for us to know about the applicant.

Applications for *The Rome Experience* (Monday, May 19 - Monday, June 30, 2025) must be received or postmarked by **Wednesday, January 8, 2025**.

The letter can be given to the applicant in a sealed envelope or sent by email, post, or fax to:

[info@theromeexperience.org](mailto:info@theromeexperience.org)

The Rome Experience, 4340 Cross Street, Suite 1, Downers Grove, IL 60515  
Phone: 630-541-8519 x 28 | Fax: 331-777-5819

Name of Director of Vocations and Diocese:	
Address (Street, City, State, Zip Code):	
Phone:	Email:
Signature of Director of Vocations:	



## THE ROME EXPERIENCE 2025

### BIOGRAPHICAL ESSAY

Please prepare a brief typewritten biographical essay (maximum two pages). The essay should include but is not limited to answers to the following questions:

1. How has your family, especially your parents and siblings, impacted or influenced your vocation to the priesthood? Illustrate with specific examples or stories.
2. Did a priest have an influence on your vocation? Explain.
3. Which spiritual writings and lives of saints have influenced you most strongly? Why?
4. Are you involved in any organizations or activities (i.e., pro-life movement, youth groups, choir, etc.) at the seminary and/or in the diocese? Why are they important to you?
5. How did you learn about *The Rome Experience*? Did someone recommend it to you? Why?
6. After reviewing the brochure, why do you want to be part of *The Rome Experience*? What do you hope to gain or benefit by your participation in the program?
7. Tell us about your travels in the past two years and travel plans for the upcoming year (in and outside of the USA). And, if you have traveled at any time outside of the USA, when and where?
8. You will be expected to endure a significant amount of walking, stair climbing, hot weather, and other travel-related inconveniences. How do you stay physically fit? Can you walk continuously at a brisk pace for three miles and up four flights of stairs without complaint? How do you adapt to inconveniences beyond your control?
9. Every participant of *The Rome Experience* is required to assist with the onsite needs of the program, specifically writing a daily journal of activities and/or taking photographs daily for the blog and website. Which of these two activities would you be willing to do?
10. Please share any additional skills you possess which you feel would contribute to *The Rome Experience* program.

\*Please note that the information you submit may be used for promotional materials for *The Rome Experience*. Please indicate in your essay if you have any concerns.



## THE ROME EXPERIENCE 2025

### SEMINARIAN CODE OF CONDUCT

At the request of the Bishop's Advisory Board (BAB), Midwest Theological Forum (MTF), the Pontifical University of the Holy Cross, and the residences where participants will be staying, the following code of conduct has been prepared for the participants of *The Rome Experience*. This Code of Conduct, in addition to the rules and regulations of any host institution or residence, shall govern your participation in the program at all times.

The Rome Experience has a set schedule designed to maximize the participants' benefit from the program and to help each seminarian form a healthy relationship with the group. We have established a policy to reduce outside distractions to the program. Visits with family, friends, brother seminarians, and priests will only be permitted during regularly scheduled free time. Please inform any family or friends visiting Rome of this policy. Visits with your Vocation Director, Rector, or Bishop may occur at any time convenient to them.

Rome, "The Eternal City," attracts millions of visitors each year. While several tours of Rome and its environs are part of *The Rome Experience* program, you are on a pilgrimage as a future priest who has come to Rome to pray and study next to the Chair of St. Peter and the saints, while providing a witness of your faith. The program has been designed to provide you with spiritual, intellectual, and cultural formation.

As a seminarian preparing for the priesthood, it is important to remember that many will judge the Catholic Church based on their encounter with you. Bear in mind that *you* are representing the Church, your bishop, and your diocese.

- I accept the expectation of my bishop that I conduct myself with due prudence at all times.
- While in public, I will wear clerical attire: a black shirt with clerical collar, black dress trousers, black shoes with black socks, and a black belt. Participants may also wear a black cassock for liturgical functions.
- When not in public, casual clothes consisting of a shirt, pants, or appropriate shorts may be worn. Meals require a collared shirt, long pants, and shoes. Clothes should be cleaned regularly.
- I will maintain attendance at all program activities and classes. I recognize that unauthorized absences are grounds for disciplinary action and possible dismissal from the program.
- I will observe the laws of the country in which the Program is located and all academic and disciplinary regulations in effect at all host institutions and residences.

- I understand that any and all illegal behavior both inside the residence, outside the residence, and in public is grounds for immediate dismissal.
- I understand that use of illicit drugs of any kind or the misuse of alcohol will result in immediate dismissal from the program.
- Due to the harmful effects of smoking and/or vaping to good health, both are discouraged. Courtesy to non-smokers is expected, and smoking is not permitted indoors at any time.
- Use of the internet for pornographic material or participation in any activities of inappropriate sexual nature will result in immediate dismissal from the program.
- The choice of reading materials, extra-curricular amusements, and acquaintances are to be carefully considered to avoid scandal to the faithful and danger to the observance of celibate chastity.
- I understand that if I do not participate in program activities, if I am consistently resistant to formation, or am constantly absent from required events, I will be dismissed from the program.
- I will maintain good personal hygiene and grooming habits. The basic expectation is that I will shower, shave, and brush my teeth each day before the first event.
- I will be considerate of my roommate by keeping my part of the room and bathroom clean and orderly, maintaining sanitary bathroom habits, making my bed first thing in the morning, and not disturbing him with the use of electronic devices.
- I will not miss any scheduled activities without the permission of the Program Director.
- I will not leave the city of Rome or stay out past midnight without being accompanied by another participant of the program and without first notifying the program director.
- I will address any concerns with the Directors of the Program before complaining to others.

**Faculty Authority and Dismissal from Program.** I understand that BAB and MTF reserves the right to dismiss me from the Program at any time should my actions or general behavior be deemed in violation of this code of conduct or should it be determined that my conduct impedes or obstructs the progress of the Program in any way, or should it, in any fashion, undermine the credibility and reputation of the Program. Should the faculty, an instructor, or any other official representative of *The Rome Experience* decide that I must be dismissed from the Program because of a violation of these stated rules, I recognize that this decision will be final. The Rome Experience program will not be liable for any additional financial cost of travel and lodging for someone dismissed from the program.

I have carefully read and initialed each page of the Seminarian Code of Conduct. By my signature (below), I agree to conduct myself in accordance with the Seminarian Code of Conduct at all times.

**- SIGNATURES -**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Name of my Seminary \_\_\_\_\_

Name of my Archdiocese/Diocese \_\_\_\_\_

Name of my Archbishop/Bishop \_\_\_\_\_



## THE ROME EXPERIENCE 2025 AGREEMENT

I, \_\_\_\_\_, a seminarian at \_\_\_\_\_ (Name of Seminary), in the Diocese of \_\_\_\_\_ (Name of Archdiocese/Diocese), am participating in *The Rome Experience* Program in Italy and France from Monday, May 19, 2025 until Monday, June 30, 2025.

I hereby agree and represent that:

- 1. HEALTH INSURANCE.** I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in *The Rome Experience* Program herein referred to as the "Program." By my signature below, I certify my health care coverage will adequately cover me while outside the United States, and hereby release members of the Bishops Advisory Board, their representative dioceses, and Midwest Theological Forum hereafter referred to as "BAB and MTF" and the employees and agents of the above, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death).
- 2. MTF'S RIGHT TO ALTER PROGRAM.** I understand that, although MTF will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the duration, curriculum, itinerary, travel arrangements, vendors, or accommodations, at any time and for any reason, with or without notice, and that neither the BAB and MTF, or the employees and agents of either, shall be responsible or liable for any expenses or losses that I may incur because of these changes.
- 3. CHOICE OF LAW AND VENUE.** I agree that, should there be any dispute concerning my participation in the Program, I agree fully to submit my issue to the archbishop or bishop of my archdiocese or diocese, recognizing that as a seminary student I fall fully under his jurisdiction and the Code of Canon Law (1983).

### - RELEASE AND WAIVER OF LIABILITY -

- 4. RELEASE OF LIABILITY.** I understand that, although BAB and MTF have made every reasonable effort to assure my safety while participating in the Program, there are unavoidable risks in international travel. For and in consideration of the opportunity to participate in the Program involving travel and study outside the United States of America, I, being of lawful age and under no legal disability, on my own behalf, as well as on behalf of my heirs, executors, administrators, and assigns, do hereby release BAB and MTF and their employees, officers, and agents, from any liability, cause of action, demand for damages, expenses, compensation, and claim on account of or in any way growing out of personal injuries, death, or property damage, which may result from my participation in the Program. I further expressly waive my right to bring a legal action of any kind for any of the claims released.



5. **MEDICAL AGREEMENT AND RELEASE.** If an emergency develops that requires immediate medical care, I authorize my superiors or representatives of *The Rome Experience* Program to secure any necessary treatment, including hospitalization and/or the administration of an anesthetic and surgery. I furthermore agree to inform in writing my superiors, *The Rome Experience* Program representative(s), or other representatives of the Program, of any medical, medicinal, diabetic, nutritional, mental health, or other related issues that they should be made aware of.
  
6. **USE OF PHOTOS AND TESTIMONIALS.** I agree that BAB and MTF may use photographs taken during the program and statements made in written program evaluations in promotional literature, websites, or posters. BAB and MTF reserve the right to copyright all photos and promotional literature used by the program.
  
7. **INDEPENDENT TRAVEL.** I agree to exempt BAB and MTF from any responsibility for any independent travel during the program (including, but not limited to, alternate airfare to/from *The Rome Experience* Program site, recreational travel before, during, or after *The Rome Experience* Program, or other activities not directly related to *The Rome Experience* Program participation). I assume responsibility for my own health, safety, and responsibility for all of my luggage and valuables when undertaking independent travel.
  
8. **SEVERABILITY.** I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
  
9. **COMPLETE AGREEMENT.** This agreement represents my complete understanding with BAB and MTF, concerning their responsibility and liability for my participation in the Program, and this agreement supersedes any previous or contemporaneous understandings I may have had with MTF regarding the Program, whether written or oral.
  
10. **CAPACITY.** I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own. I further represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with my archbishop or bishop (or his representative), my vocational director or other advisors, counselors, or attorney(s) of my choice.

**- SIGNATURES -**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Name of my Seminary \_\_\_\_\_

Name of my Archdiocese/Diocese \_\_\_\_\_

Name of my Archbishop/Bishop \_\_\_\_\_



**MIDWEST THEOLOGICAL FORUM**  
THE ROME EXPERIENCE SCHOLARSHIP APPLICATION

The Midwest Theological Forum Scholarship was established to assist applicants to The Rome Experience who are from dioceses suffering from severe financial hardship and are in need of financial assistance.

Applicants are encouraged to do everything possible to secure their own funding for the program. Fundraising materials and support are provided in order to enable applicants to request only the funds absolutely necessary to participate in the program.

**To apply, applicants must meet the qualifications of The Rome Experience and the following scholarship requirements:**

1. Complete the form and requirements below and submit them with your application to The Rome Experience.
2. Scholarship applications must be received or postmarked by **Wednesday, January 8, 2025**.

**Select the scholarship amount for which you are applying:**

\_\_\_ Scholarship: \_\_\_\$1,000 \_\_\_\$2,000 \_\_\_\$5,000 \_\_\_\$8,000

*Requirements*

1. A brief statement explaining your need for financial assistance
2. A letter of recommendation from your pastor or seminary faculty member
3. A letter of recommendation from your bishop

Applicants will be notified of their scholarship award by **Friday, January 31, 2025**.

I have read and understand that all of the scholarship requirements must be received by the deadline in order for my application to be considered. Additionally, I understand that if I receive a scholarship the funds can only be applied towards the tuition fee of The Rome Experience.

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_