

# 2019 School for Ministry Admission Application



## APPLICATION Certificate in Pastoral Ministry

Thank you for your interest in the School for Ministry Training Program. All materials must be received by the due date in order for the application to be considered complete.

**APPLICATION DUE DATE: February 15, 2019**

**Please return your completed application to:**

Rev. Lorrie C. Reed, Ph.D.  
Executive Director, School for Ministry  
Christian Church (Disciples of Christ) in Illinois and Wisconsin  
401 W. Jefferson St.  
Bloomington, IL 61701  
309.828.6293 office

### Student Information

**Name** (last, first, middle)

**Social Security Number**

**Permanent Address** (street)

City

State

Postal Code

Home Phone

Work Phone

Cell Phone

**E-Mail Address**

<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth		Place of Birth
Marital Status (optional)	Racial/Ethnic Group (optional)	
<b>Sponsoring Church Information</b>		
Church Name		
Church Address (city, state, zip)		
Denomination	Size of Congregation	
Name of congregational leader who is supporting your decision: (Letter of recommendation required)		
Describe your church involvement, including leadership positions held.		

**Employment Information**

Briefly describe your work experience.

**Educational Experience**

Do you have a high school diploma? \_\_\_\_\_ No \_\_\_\_\_ Yes

Briefly describe your educational experience.

**Interest in School for Ministry**

Briefly describe your interest in the School for Ministry Certificate Program. How do you think the program will help you achieve your goals?

**Do you wish to be considered for financial assistance? \_\_\_\_\_ Yes**  
**Current Cost = \$1450 per year.**

**BACKGROUND CHECK AGREEMENT & STATEMENT OF INTEGRITY**

**Section 1**

The School for Ministry seeks to be an academic institution where students, faculty and staff live within a community of hospitality, trust, and safety. For this reason, the School requires background checks as part of the admissions process for all entering students.

*By signing this agreement, I freely and voluntarily authorize the School for Ministry and/or its agents to conduct a criminal background check. I understand that a criminal history may not automatically disqualify me from admission to the School for Ministry.*

*I also understand that failing to reveal and/or falsifying information related to my application will result in denial of my application or revocation of my admission.*

Applicant Signature	
<b>Section 2</b>	
<p>By the submission of this application, I certify that the information provided is complete and accurate. Furthermore, I authorize persons or entities to provide any relevant information to the School for Ministry for use in evaluating my application for admission and waive any required notice to me. I understand and agree that all submitted application materials are the property of the School for Ministry and will not be returned. I understand that all documents submitted in support of this application will be kept strictly confidential.</p>	
Applicant Signature	Date

Revised 2.6.19

# Letter of Recommendation

**To the Applicant**

This reference form should be completed by a leader from your congregation who supports your goals for ministry. I understand that I waive my right to review this reference. \_\_\_\_\_ Yes \_\_\_\_\_

Applicant's Name (Please Print)	Applicant's Signature

**To the Recommender**

Your evaluation will be used for the purpose of helping the School for Ministry Admission Committee determine whether the applicant should be admitted to the Certificate in Pastoral Ministry Program. After the Committee has made its decision, this reference and all others submitted on the applicants behalf will be destroyed and, therefore, will not be part of the student's educational record if s/he matriculates at the School.

**Instructions: Please place an "X" in the box that represents your response.**

How long have you known the applicant?	Less than 1 Year	1-3 Years	4-5 Years	More than 5 Years
What is your overall recommendation for this applicant?	Strongly Recommend	Recommend	Recommend with Reservation (Please include these reservations in your written statement.)	Do not Recommend

Please evaluate the applicant in the following areas by placing a check in one box per row:

	Exceptional	Excellent	Above Average	Average	Below Average	Unable to Assess
Intellectual ability						
Maturity						
Ability to work with others						
Written communication						
Oral communication						
Listening skills						
Integrity						
Leadership						
Commitment to Ministry						

**In the space below, please provide your assessment of the applicant's readiness and capacity to complete a 3-year program leading to a Certificate in Pastoral Ministry. Please comment on the applicant's strengths and weaknesses, leadership abilities, reaction to stress and usual means of resolving conflict.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

**Please also sign the back of the envelope, where the flap forms the seal. The unbroken seal with your signature ensures the confidentiality of your reference.**

**Please keep a copy of this form for your records and mail the signed original, in a sealed envelope, to**

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