



1810 Lutheran Synod Drive \* Salisbury, NC 28144

**Doctor of Ministry Application**

**Personal Information**

Ms. Mrs. Mr. Rev. Dr. Other

\_\_\_\_\_  
Name                      Last                                      First                                      Middle

\_\_\_\_\_  
Name on Previous Academic Records, if different                      Preferred Name

\_\_\_\_\_  
Current Address                      Street or P.O. #                                      City                                      State                                      Zip

\_\_\_\_\_  
Phone Home                                                                                      Mobile Number

\_\_\_\_\_  
Email Address

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Country of birth: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

\* The seminary requests your social security number (SSN) both to maintain the integrity of your academic records and to comply with federal IRS reporting requirements. Your SSN is kept in a secure and confidential location and not released to an outside or third party except in instances permitted by federal law. As an eligible educational institution Hood Theological Seminary must use your SSN to file certain returns with the IRS and to furnish a statement to you. The returns Hood Theological Seminary must file contain information about qualified tuition and related expenses. The Privacy Act Notice - Section 6109 of the Internal Revenue Code – requires you to give your correct SSN to persons who file information returns with the IRS.

Gender:  Female  Male  Other

Are you a United States citizen?  Yes  No

Marital Status: (*check one*)  Married  Single  Divorced;  Widowed

Are you eligible for veteran benefits?  Yes  No Branch: \_\_\_\_\_

Do you plan to apply for financial Aid?  Yes  No

**Degree Program Interest (Check one only)**

<input type="checkbox"/> General Doctor of Ministry	<input type="checkbox"/> Community Advocacy & Social Justice
<input type="checkbox"/> Pastoral Theology & Care	<input type="checkbox"/> Clinical Pastoral Education (CPE) Supervision
<input type="checkbox"/> Leadership Ministry	<input type="checkbox"/> Homiletics & Preaching

**When do you plan to enroll?**

Fall \_\_\_\_\_  Spring \_\_\_\_\_

**Campus Location:**  Main Campus  Online

**Educational Information**

Please list information for all post-secondary institutions attended (beyond high school), including any institution where you are currently enrolled.

Institution	Location (City and State)	Attendance Dates	Degree	Degree Received	GPA

Are you transferring from another seminary?  Yes  No

Have you applied or attended Hood Theological Seminary previously?  Yes  No

**Ecclesiastical Information**

Denomination or Faith Community: \_\_\_\_\_

If you are A.M.E. Zion, United Methodist, A.M.E., C.M.E., what is your annual conference? \_\_\_\_\_

Status: \_\_\_\_\_ Licensed; \_\_\_\_\_ Commissioned; \_\_\_\_\_ Ordained (Order of Ordination)

Other (specify in the terminology of your tradition): \_\_\_\_\_

Data regarding your highest clergy credentials: Date: \_\_\_\_\_ Where? \_\_\_\_\_

By whom \_\_\_\_\_ Ecclesiastical Authority: \_\_\_\_\_

## References

Give the names of 2 references and ask them to complete a recommendation form and send to the Office of Admissions. **Note: Family members cannot be used as references.**

Name	Street Address	City	State	Zip	Phone
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1 \_\_\_\_\_

Position/Title \_\_\_\_\_

2 \_\_\_\_\_

Position/Title \_\_\_\_\_

## Statement of Purpose Essay

Write a five page introspective paper detailing your spiritual and ministerial journey and include how your doctorate education will impact your ministry going forward

## Background Information

*(The following questions relate to the high ethical standards to which those in ministry are held. Failure to provide truthful answers to the following questions or failure to inform the Office of Admissions of any subsequent changes in your answers may result in the revocation of admissions.)*

- Have you ever been discharged by an employer?  Yes  No
- Have you ever been convicted of a felony, misdemeanor (other than a minor traffic violation), or any incident of sexual misconduct?  Yes  No
- Have you ever been placed on disciplinary probation or been suspended, expelled, or requested/advised to resign from any college, university, professional school or school of theology?  Yes  No

If you answered yes to any of the above questions, please explain.

**Optional Information**

We request racial/ethnic information to aid in our statistical reporting to governmental and accrediting agencies. Hood Theological Seminary does not unlawfully discriminate in the administration of its employment, education or admissions policies.

**Ethnicity**

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Two or more races
<input type="checkbox"/> Race & Ethnicity Unknown	<input type="checkbox"/> Nonresident Alien

**Signature**

I understand that any falsification of any information given in this application for admission may result in a re-evaluation of my admission to Hood Theological Seminary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_