

# HOOD THEOLOGICAL SEMINARY

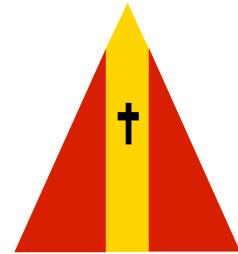
1810 Lutheran Synod Drive  
Salisbury, NC 28144

## Application for Admission

Master of Theological Studies

Concentration Area

- Bible Studies
- History of Christianity
- Theology
- Pastoral Care
- Religion and Society
- Christian Education



Please send type or print in blue or black ink. The application must be returned with the non-refundable application fee of \$30.00

Applying for:  First Year  Transfer  Re-Admission

Semester you wish to enroll  Fall  Spring  Track 1 (Tues., Wed., Thurs.)  Track 2 (Weekend)

### Personal Data

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

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

Preferred Name \_\_\_\_\_

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

Permanent Address (if different) \_\_\_\_\_  
St. or P. O. # City State Zip

Phone Home \_\_\_\_\_ Mobile Number \_\_\_\_\_ E Mail \_\_\_\_\_

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

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Profession: \_\_\_\_\_ Title: \_\_\_\_\_

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

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

Are you eligible for veteran benefits? (Y) (N) Will you be a candidate for financial aid? (Y) (N)

### Educational Information *(If additional space is needed, please clip or staple extra sheet)*

Undergraduate College/University: \_\_\_\_\_ Degree: \_\_\_\_\_

City & State where located: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Major(s) \_\_\_\_\_

Graduate Schools: \_\_\_\_\_ Degree received? (Y) (N)

City and State where located: \_\_\_\_\_ Degree & Date: \_\_\_\_\_

Other: \_\_\_\_\_

### How did you hear about Hood Theological Seminary?

- Internet
- Church Conferences
- College/Recruitment Fair
- Referral
- Colleague/Friend
- Informational Meetings
- Other

## Ecclesiastical Information

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

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, positions of 3 references and ask them to fill out the enclosed forms and send them to the Office of Admissions. Note: Family members can not be used as references.

1. Pastor: Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Judicatory Official: Name \_\_\_\_\_ Position: \_\_\_\_\_  
(If none, colleague)  
Address \_\_\_\_\_
3. Former Professor/employer: Name: \_\_\_\_\_ Institution: \_\_\_\_\_  
Address: \_\_\_\_\_

**Conduct:** (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 admission.)

**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

(The Hood Theological Seminary reserves the right to conduct a criminal background check on all applicants. If the Hood Theological Seminary chooses to conduct a criminal background check, pursuant to applicable law, you will be provided with adequate notice and an opportunity to confirm or deny the accuracy of any information contained in a criminal background investigation record).

### Statement of Purpose

Write a paper (not more than four typed, double-spaced pages) reflecting your faith journey, religious experience, future plans, and the importance to you of an education from Hood Theological Seminary.

### ALL APPLICANTS MUST SIGN BELOW

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: \_\_\_\_\_

\*\* Ethnicity

00-Black or African American

01- White

02- Hispanic/Latino

03- Asian

04-American Indian or Alaska American

05-Native Hawaiian or Pacific Islander

06- Two or more races

07-Race and ethnicity unknown

08- Nonresident alien

\* 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.