



1810 Lutheran Synod Drive * Salisbury, NC 28144

Application

Personal Information

Ms. Mrs. Mr. Rev. Dr. Other

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 #: _____

* 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 Profession: _____

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 Programs (Check one only)

<input type="checkbox"/> Master of Arts
<input type="checkbox"/> <input type="checkbox"/> Chaplaincy (CPE)
<input type="checkbox"/> Master of Divinity
<input type="checkbox"/> <input type="checkbox"/> Biblical Studies
<input type="checkbox"/> <input type="checkbox"/> Church History
<input type="checkbox"/> <input type="checkbox"/> Theology & Social Ethics
<input type="checkbox"/> <input type="checkbox"/> Preaching & Worship
<input type="checkbox"/> <input type="checkbox"/> Pastoral Care & Counseling
<input type="checkbox"/> <input type="checkbox"/> Christian Education
<input type="checkbox"/> Master of Theological Studies (Choose One)
<input type="checkbox"/> <input type="checkbox"/> Biblical Studies
<input type="checkbox"/> <input type="checkbox"/> History & Theology
<input type="checkbox"/> Certificate Program
<input type="checkbox"/> <input type="checkbox"/> General Theological Studies Certificate (GTSC)
<input type="checkbox"/> <input type="checkbox"/> Biblical Studies Certificate (BSC)
<input type="checkbox"/> <input type="checkbox"/> United Methodist Studies Certificate (BGTS)
<input type="checkbox"/> Non-Degree

Note: Master of Divinity
 Students that have completed 18 hours in the M.Div. program will have the option of declaring up to 2 concentrations in that degree program, fulfilled through the completion of 12 elective hours.

Note: Certificate Programs
 The General Theological & Biblical Studies certificates are 15 credit hour certificates. The United Methodist Studies certificate is a 27-hour certificate.

Note: Non-Degree
 All students who want to transfer credits earned at Hood to another institution must verify prior to registering that the course will be accepted as transfer credit by the other institution.

When do you plan to enroll?

Fall _____ Spring _____ Track 1- (Tues., Wed., Thurs.) Track 2 Hybrid Program

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 three to five page reflection paper detailing your faith and religious experience and include how your graduate education will impact your ministry going forward.

Chaplaincy information:Have you completed any units of Clinical Pastoral Education? Yes No

Number of units completed: _____ Where? _____

Name of Supervisor: _____

Phone Number: _____ Email Address: _____

Have you completed a CPE Residency? Yes No Dates: _____ to _____

Where? _____ Name of Supervisor: _____

Phone Number: _____ Email Address: _____

Please scan and attach copies of your CPE completion certificate(s)

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: _____