**Doctor of Ministry Application**

**Personal Information**

- □ Ms. □ Mr. □ Mrs. □ Rev. □ Dr. □ Other ______

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<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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Name on Previous Academic Records, if different

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<th>Preferred Name</th>
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<th>Street or P.O. #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Phone</th>
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Email Address__________________________

Date of Birth: ___/___/_______ Country of birth: ___________ Soc. Sec #: ___________________

Gender: □ Female □ Male

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)**

- Doctor of Ministry
- □ General Doctor of Ministry Degree
- □ Pastoral Theology and Care

**When do you plan to enroll?**

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

<table>
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<tr>
<th>Institution</th>
<th>Location (City and State)</th>
<th>Attendance Dates</th>
<th>Degree</th>
<th>Degree Received</th>
<th>GPA</th>
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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, positions of 3 references and ask then to fill out the enclosed forms and send them to the Office of Admissions. Note: Family members can not be used as references.

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<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
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Church________________________
Judicatory Official/ Colleague_________________________________________
Former Professor/Employer______________________________________________

Doctor of Ministry Application
Statement of Purpose
Write a four page definitive introspective paper describing your spiritual and ministerial journey (from the time of your call, through your career and life seasons, until present)

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.

Hispanic/ Latino □ Yes □ No
Racial and ethnic background □ Black or African-American □ White/Caucasian
□ American Indian or Alaska Native □ Asian □ Non-resident alien
□ Two or more races □ Native Hawaiian or Pacific Islander □ Other

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: __________