



OFFICE USE ONLY:

ID# _____

DATE RECEIVED _____

\$25 APPLICATION FEE PAID

Online Master of Arts in Christian Ministries
Application for Admission

Instructions

- 1. Print this application, along with the financial aid request form, complete it with black ink, and mail to: Office of Student Services, Anderson University School of Theology, 1100 E. 5th St., Anderson, IN 46012-3495.
2. Enclose the application fee of \$25 (non-refundable). Make check payable to Anderson University.
3. The other three pages included with this application are reference forms:
a. Give one to an ordained minister who knows you well;
b. Give another to one of your teachers who knows you well; and
c. Give one to an officer in your congregation.
4. Request each college or university that you have attended to send us two official transcripts of your course work.
NOTE: If you graduated from Anderson University, you need to request only one copy.

Application

Name _____
LAST FIRST MIDDLE (PREFERRED NAME)

Date of birth _____ SSN (optional) _____

Home address _____
STREET CITY STATE ZIP

E-mail _____ Home phone () _____

Work phone () _____ Cell phone () _____

Gender Male Female

Marital Status (optional) Married Single Divorced Separated
 Widowed Prefer not to answer

Ethnicity (optional) White Black or African-American American Indian or Alaska Native
 Asian Hispanic (Any Race) Native Hawaiian or other Pacific Islander
 Unknown Two or more races Nonresident alien

Citizenship U.S. citizen by birth Naturalized U.S. citizen
 Citizen of a country other than the United States (please list) _____

For which specialization are you applying?

- Pastoral Ministry Student Ministry
 Missions Church Planting (I am a member of CMA)

Please list in chronological order all colleges and professional schools attended:

NAME OF COLLEGE / UNIVERSITY / SEMINARY	LOCATION	DEGREE OR DIPLOMA	DATES
NAME OF COLLEGE / UNIVERSITY / SEMINARY	LOCATION	DEGREE OR DIPLOMA	DATES
NAME OF COLLEGE / UNIVERSITY / SEMINARY	LOCATION	DEGREE OR DIPLOMA	DATES
NAME OF COLLEGE / UNIVERSITY / SEMINARY	LOCATION	DEGREE OR DIPLOMA	DATES

Name of congregation you serve _____

Mailing address _____
STREET CITY STATE ZIP

In what capacity do you serve this congregation? _____

Where are you at in the process of ordination? _____

I hereby apply for admission to the Online Master of Arts in Christian Ministries degree at Anderson University School of Theology and agree to abide by all its policies and provisions:

Signature _____ Date _____

Anderson University School of Theology does not discriminate on the basis of race, ethnic background, national origin, sex, age, veteran status, marital status, or disability in admission or access to its programs.

Our Mission

The mission of Anderson University School of Theology is to educate at the graduate professional level both men and women for Christian ministry. To this end, we are committed to being a community of scholars who are church-related and in whose character and servanthood the following are vitally linked: biblical faith, academic integrity, Christian spirituality, love for persons, and a responsible relation with the created order and all humankind.



OFFICE USE ONLY:	
RECEIVED	_____
COMMITTEE	_____
LETTER	_____
FILED	_____

Online Master of Arts in Christian Ministries
Financial Aid Request Form

All information given on this application form is voluntary. You are not required to answer any of these questions unless you wish to be considered for financial aid. If you wish to apply for financial aid, please answer the questions completely and honestly. All forms received by the committee will be held in strict confidence. Financial aid generally will not be awarded to a student whose "incompletes" have not been removed within four months of the final day of an academic term. In order to be considered for an early financial aid award package, this form must be submitted to the Office of Student Services by June 1. Awards will be made July 1.

Mail this form to:

Office of Student Services, Anderson University School of Theology, 1100 E. 5th St., Anderson, IN 46012-3495

Name _____ Date _____

For what term(s) are you applying? [] Semester I [] Semester II Year _____

The degree you are pursuing: Online MACM

Number of hours you will register for: Semester I _____ Semester II _____

Cumulative Grade Point Average* as of the date of this application: _____

* If you are an incoming (new) student, list your latest GPA.

Your faith community: [] Church of God [] United Methodist [] Other _____

Are you an international student? [] Yes [] No

Are you married or will you be married during the upcoming school year? [] Yes [] No

How many dependent children live with you? _____

Following is a list of eligibility criteria. Please check the ones for which you are eligible:

- Are you preparing for church planting? [] Yes [] No
Are you preparing for foreign missions? [] Yes [] No
Are you preparing for youth ministry? [] Yes [] No
Are you preparing for music/worship ministry? [] Yes [] No
Are you preparing for hospital chaplaincy? [] Yes [] No

Personal Financial Statement

Your **projected annual income** for a 12-month period
(provide figures to the nearest dollar amount):

Personal income \$ _____
Spouse's income \$ _____
Parental support \$ _____
From savings \$ _____
Educational loans \$ _____
Other income \$ _____
TOTAL INCOME \$ _____

Your **projected annual expenses** for a 12-month period
(provide figures to the nearest dollar amount):

Tithe \$ _____
Housing \$ _____
Groceries \$ _____
Automobile \$ _____
Medical \$ _____
Debt payments \$ _____
Insurance \$ _____
Education \$ _____
Clothing \$ _____
Recreation \$ _____
Taxes \$ _____
Other \$ _____
TOTAL EXPENSES \$ _____

Please list any extraordinary financial problems that you want the committee to consider:

Signature _____

Date _____



Online MACM Degree Personal Reference

(To be completed by an ordained minister who knows the applicant well)

Return completed form to:

Office of Student Services, Anderson University School of Theology, 1100 E. 5th St., Anderson, IN 46012-3495

Applicant's Statement

Applicant's name _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby waive my right to review the information reported on this form. I understand that *with my signature on this form*, the contents of the completed reference will be held in strict confidence. I further understand that *if I do not sign this form*, Anderson University School of Theology is obligated to share the completed reference with me, upon my request.

Applicant's signature _____

Date _____

Personal Reference

The person named above is applying for admission to Anderson University School of Theology.

The mission of Anderson University School of Theology is to educate at the graduate professional level both men and women for Christian ministry. To this end, we are committed to being a community of scholars who are church-related, and in whose character and servanthood the following are vitally linked: biblical faith, academic integrity, Christian spirituality, love for persons, and a responsible relation to the created order and all humankind.

We are seeking to admit students who will participate with us in fulfilling this mission. Your comments regarding this individual are important to us as we evaluate his or her application for admission.

Referent's name _____

Please use the reverse side of this form for your comments regarding this individual. In your comments, it would be helpful to answer the following questions:

- 1) How long have you known this person?
- 2) In what settings have you known this person?
- 3) What is your opinion of this person's potential for graduate study and the ministry?
- 4) Are there any general impressions you have of this person?
- 5) Is there anything specific we should know about this person?

Check this box if you would prefer to discuss your comments by phone. (Phone # _____)

Referent's signature _____

Date _____



Online MACM Degree Personal Reference

(To be completed by a teacher of the applicant who knows the applicant well)

Return completed form to:

Office of Student Services, Anderson University School of Theology, 1100 E. 5th St., Anderson, IN 46012-3495

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Referent's name _____

When were you this applicant's teacher? _____

Please use the reverse side of this form for your comments regarding this individual. In your comments, it would be helpful to answer the following questions:

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- 2) In what settings have you known this person?
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- 5) Is there anything specific we should know about this person?

Check this box if you would prefer to discuss your comments by phone. (Phone # _____)

Referent's signature _____

Date _____



Online MACM Degree Personal Reference

(To be completed by an officer of the congregation in which the applicant serves)

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Referent's name _____

What office do you hold in your congregation? _____

Please use the reverse side of this form for your comments regarding this individual. In your comments, it would be helpful to answer the following questions:

- 1) How long have you known this person?
- 2) What is your opinion of this person's potential for graduate study and the ministry?
- 3) What support does this person have from the officers and official board of your congregation to pursue graduate theological studies? This is especially important if this person is a pastor in your congregation.
- 4) Is there anything specific we should know about this person?

Check this box if you would prefer to discuss your comments by phone. (Phone # _____)

Referent's signature _____

Date _____