



OFFICE USE ONLY:

ID# _____

DATE RECEIVED _____

\$25 APPLICATION FEE PAID

Online Master of Arts in Christian Ministry
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 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.

For what term are you applying? [] Sem. I (Aug.) [] Sem. II (Jan.) [] Summer Year _____

What will your enrollment status be your first term? [] Full time (9 hours) [] Part time (3-6 hours)

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) [] Caucasian/White [] African-American/Black [] American Indian or Alaska Native
[] Asian/Oriental [] Hispanic (Any Race) [] Native Hawaiian/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
[] Christian Worship [] Church Planting (I am a member of CMA)

Educational History

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

NOTE: All applicants must have a four-year baccalaureate degree from an accredited institution.

NAME OF COLLEGE / UNIVERSITY / SEMINARY	LOCATION	DEGREE OR DIPLOMA	DATES
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NOTE: Request two official transcripts from each school to be mailed to the Office of Student Services at the address on this form.

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? _____

Have you ever been refused admission or been dismissed by any undergraduate or graduate school?

Yes No If so, where and for what reason? _____

Have you ever been charged or convicted of a crime (not minor traffic violations)? Yes No

Have you ever been accused or charged with unethical behavior or immoral conduct? Yes No

Have you ever been accused or charged with sexual misconduct? Yes No

Have you ever been charged with DUI? Yes No

If you answered yes to any of these questions, please explain:

Our Commitment to You . . .

The mission of the Anderson University School of Theology is to form women and men for the ministry of biblical reconciliation.

And Your Agreement with Us

If admitted to Anderson University School of Theology, I will:

- Earnestly seek to grow intellectually and spiritually.
- Strive to uphold, in both spirit and letter, the regulations and standards of the University as set forth in the online *Student Handbook*. (See www.anderson.edu/sot/about/handbook.pdf.)
- Strive to make a positive contribution to the University community.
- Refrain from possessing or participating in the use of alcoholic beverages, illegal drugs, tobacco products in any form, gambling, sexual misconduct, foul language, theft, or any conduct considered inconsistent with the goals and traditions of the institution.

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.

NOTE: Your admission essay should be sent to the director of distance education at Jhaukerman@anderson.edu. For details, go to www.anderson.edu/sot/academics/onlinemts/application.html.



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

Online Master of Arts in Christian Ministry
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

Section 1: This section to be completed by applicant

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.

Name LAST FIRST MIDDLE INITIAL

Date Phone E-mail address:

I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for acceptance.

Signature of applicant:

Section 2: This section to be completed by reference

Printed name of recommender Organization:

Title: Length of time you have known applicant:

How well would you say you know this applicant: Surface 1 2 3 4 5 Very Well

Nature of contact with applicant:

If you would prefer to discuss your comments by phone, please provide a phone number:

The person named above is applying for admission to Anderson University School of Theology. The mission of the Anderson University School of Theology is to form women and men for the ministry of biblical reconciliation. We are seeking to admit students who will participate with us in fulfilling this mission. Your honest and candid comments regarding this individual are important to us as we evaluate his or her application for admission.

Compared to individuals you have known at a similar level of development, please evaluate the applicant on each factor listed below:

	Superior	Very Good	Good	Average	Below Average	Unable to Judge
Academic aptitude						
Adaptability						
Cooperation with others						
Creativity						
Critical thinking skills						
Dependability						
Emotional stability/maturity						
Goal orientation						
Initiative						
Interpersonal relations						
Leadership skills						
Oral communication						
Personal integrity						
Potential of completing degree						
Relationship with opposite sex						
Spiritual maturity						
Task accomplishment						
Teachable						
Written communication						

Please describe any situations or incidents which you feel best illustrate this applicant's abilities:

Please comment on strengths and weaknesses you have observed in this applicant:

Would you call this person to serve as a pastor, missionary, or Christian educator in your congregation or church organization?
Please explain:

Recommendation for admission (*circle one*):

Strongly Recommend

Recommend with reservation

Unable to recommend

Recommender's Signature: _____

Date: _____

Please return this form to:

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Online MACM Degree Personal Reference

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

Return completed form to:

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Date Phone E-mail address:

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Section 2: This section to be completed by reference

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Please comment on strengths and weaknesses you have observed in this applicant:

Would you call this person to serve as a pastor, missionary, or Christian educator in your congregation or church organization?
Please explain:

Recommendation for admission (*circle one*):

Strongly Recommend

Recommend with reservation

Unable to recommend

Recommender's Signature: _____

Date: _____

Please return this form to:

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Online MACM Degree Personal Reference

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

Return completed form to:

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Oral communication						
Personal integrity						
Potential of completing degree						
Relationship with opposite sex						
Spiritual maturity						
Task accomplishment						
Teachable						
Written communication						

Please describe any situations or incidents which you feel best illustrate this applicant's abilities:

Please comment on strengths and weaknesses you have observed in this applicant:

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.

Recommendation for admission (*circle one*):

Strongly Recommend

Recommend with reservation

Unable to recommend

Recommender's Signature: _____

Date: _____

Please return this form to:

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