

Application for Admission

Chartered by Regents of New York State and accredited by the Association of Theological Schools in the United States and Canada.

Date _____

Name _____
(LAST) (FIRST) (MIDDLE)

Permanent Address _____
(STREET) (CITY) (STATE) (ZIP)

Local Address _____
(STREET) (CITY) (STATE) (ZIP)

Telephone (____) _____ (home) (____) _____ (work) (____) _____ (local)
(IF DIFFERENT FROM HOME)

E-mail _____

Place of Birth _____ Date of Birth _____

Emergency Contact _____ Phone _____

The following information is required for reporting to the state, federal and accrediting agencies. St. Bernard's School of Theology and Ministry does not discriminate on the basis of race, sex, color, national or ethnic origin, or disability.

Sex Male Female Race _____ Citizenship _____

Status Applied for:

- | | |
|--|--|
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Arts [Theological Studies Non Thesis Track] |
| <input type="checkbox"/> Master of Arts in Pastoral Studies | <input type="checkbox"/> Graduate Certificate |
| <input type="checkbox"/> Master of Arts [Theological Studies Thesis Track] | <input type="checkbox"/> Special Student |

Religious Affiliation: Denomination _____ Parish _____
(or EQUIVALENT)

Involvement in Church/Religious Activities (*please specify*): _____

EDUCATION (*post-secondary educational institutions attended*)

Institution _____
YEARS (DATES) ATTENDED DEGREE, DATE

MAJOR CONCENTRATION MINOR CONCENTRATION

Institution _____
YEARS (DATES) ATTENDED DEGREE, DATE

MAJOR CONCENTRATION MINOR CONCENTRATION

Institution _____
YEARS (DATES) ATTENDED DEGREE, DATE

MAJOR CONCENTRATION MINOR CONCENTRATION

Languages Studied (please include number of years and/or courses and credits)

EMPLOYMENT HISTORY, AWARDS & ACCOMPLISHMENTS

Employer

Position

Dates

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors & Awards - Academic, Professional & Other: _____

Major Community Activities _____

REFERENCES

Indicate the names of three individuals you will ask to send letters of recommendation. (Please use form provided.) All letters should be sent directly to St. Bernard's.

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Name(s) of student(s) you know who are now enrolled at St. Bernard's School of Theology & Ministry: _____

Names and addresses of alumni/ae of St. Bernard's you have known during the past five years: _____

Identify the source of your initial interest in applying to St. Bernard's School of Theology & Ministry: _____

Personal Statement: A personal statement is required as part of your application for admission. Your statement should not exceed 5 typed, double spaced, pages in length. Please indicate:

1. The impact of personal and academic experiences on your decision to apply to St. Bernard's;
2. Your perception of the role of the church in today's society and your participation in it;
3. How your decision to attend St. Bernard's will influence your career and ministerial goals.

Signature _____ Date _____