



Following Jesus into the World

200 North Main Street, Hatfield, PA 19440 ♦ 800.235.4021 ext 146

Office of Admissions

APPLICATION FOR ADMISSION (ThM/MDiv/MA/Certificate)

Please send all application items (as listed below) to the above address. Documents may be sent as you complete them. However, in order for your application to be processed your **\$30 non-refundable application fee is required** with your initial submission.

<input type="checkbox"/> Application form	<input type="checkbox"/> Ecclesiastical/Pastoral Recommendation form	<input type="checkbox"/> One passport-size, color photo I.D.
<input type="checkbox"/> \$30 application fee	<input type="checkbox"/> Official transcripts <i>(no photocopies)</i>	<input type="checkbox"/> Criminal Background Check <i>(see guidelines)</i>
<input type="checkbox"/> Personal Statement	<input type="checkbox"/> Payment Plan form	<input type="checkbox"/> Child Abuse Clearance <i>(see guidelines)</i>
<input type="checkbox"/> Current writing sample <i>(see guidelines)</i>	<input type="checkbox"/> Current résumé	
<input type="checkbox"/> Academic/Professional Recommendation form		

***ThM applicants:** BTS alumni who graduated less than 5 years ago need only complete the application form, the \$30 application fee, payment plan form and the admissions interview.

I. PERSONAL INFORMATION

Name (Last, First, Middle): _____ Male Female

Maiden Name: _____ Preferred Name: _____

Current Address: _____

_____ Home Phone: _____

Cell Phone: _____ E-mail: _____

*Social Security Number: _____ Date of Birth: _____

***Required for IRS form 1098-T**

Permanent Address: _____

_____ Citizenship: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number (s) _____, _____

Marital Status: Single Married Other _____

Spouse's name, if applicable: _____

Are you the child or spouse of a Biblical graduate? No Yes—if yes, graduate's name: _____

Ethnic Origin (optional): American Indian or Alaska Native Asian Black or African American Hispanic/Latino
 Native Hawaiian or Other Pacific Islander Nonresident Alien Race & ethnicity unknown Two or more races White

International Students

International student background check verification form must be completed by all international students without a valid social security number.

If you are an international student, please indicate current visa status: _____

What date did you take **OR** will you be taking the TOEFL? _____

If you have not graduated from an English speaking college or university, scores on the Test of English as a Foreign Language (TOEFL) must be submitted to the Admissions Office.

Go to our International Student Information webpage to read over all TOEFL requirements and download all appropriate forms.

Do you have any health condition(s) that would limit your ability to pursue seminary study? No Yes—if yes, please explain.

Have you ever had extreme financial difficulties such as bankruptcy? No Yes—if yes, please explain. _____

Have you ever been convicted of a crime or pled guilty to a violation of any federal, state, county, military or municipal laws?

No Yes—If yes, please list the date and place of the offense, the charge and the outcome. _____

II. CURRENT EMPLOYMENT (if any)

Company Name: _____ Position Held: _____

Address: _____
Work Phone: _____

III. ACADEMIC INFORMATION

How did you hear about Biblical? Please list name of person or venue: _____

Applying as: New Student Transfer from _____ Other _____

Have you previously applied to Biblical Theological Seminary? Yes No

If yes, when did you apply? _____ Were you admitted? Yes No

Are you applying to another seminary? If yes, please list _____

Academic program for which you are applying:

Master of Divinity

Track Courses:

Biblical Language Urban Ministry Pastoral Ministry Missiology Counseling Concentration

Master of Arts: MA in Counseling MA in Ministry MA Missional Theology MA Biblical Studies

Master of Theology

Certificate: Certificate in Biblical Studies Certificate in Christian Counseling

Certificate in Missional Theology Certificate in Advanced Professional Counseling

Intended start term: Fall 20____ Spring 20____ Enrollment status: Full Time Part Time

IV. CHURCH AFFILIATION

Church Name: _____

Address: _____
Phone: _____

Name of Pastor: _____

V. EDUCATIONAL HISTORY

Please list all colleges, universities, and graduate or professional schools attended beyond high school starting with the most recent. If there is insufficient space below, please attach an additional sheet. **Note:** It is your responsibility to see that official transcripts are sent directly to us by each school you have attended since high school.

Name of School	Major	Date of Attendance	Degree Awarded
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Have you ever been refused admittance or re-admittance by another seminary? If yes, please explain. _____

I hereby make application to Biblical Theological Seminary and affirm that, to the best of my knowledge, all information on this document is complete and accurate. I understand that my application must be accompanied by a non-refundable \$30 fee.

_____/_____/_____
DATE

SIGNATURE OF APPLICANT

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