

Application for Admission

to

New York Divinity School

We offer the Master's leadership and ministry training.



Part of the NYDS Faculty: Dr. Allen, Dr. Betts, Dr. Eng, Dr. George, Prof. Harding, Prof. Taylor, Dr. de Vries and Dr. Agbenyega
For detailed background information concerning all 25 faculty members, see www.nydivinityschool.org.

The New York Divinity School

Bible-based, Christ-centered and Spirit-led

School in six locations: CHURCH STATION—Box 3277

New York, NY 10008

(212) 925-4723

APPLICATION INSTRUCTIONS

This is an official application for admission to New York Divinity School. Please complete this form in full and send it to NYDS accompanied by the non-refundable application \$35 fee.

This application packet includes:

Application Pastor/Church Recommendation form 2 Personal Recommendation forms

Application deadlines: *Students may take as many as four classes before matriculation is complete.*

August 15 — Fall Term

December 15 — Winter Term

March 15 — Spring Term

May 15 — Summer Term

BASIC APPLICATION

The basic application for new admission includes the following items:

- 1) The application form and applicable non-refundable fee: new applicants—\$50, re-applicants—\$35. Please make checks payable to New York Divinity School.
- 2) An official recommendation from the pastor or church where you are currently a member. (See Pastor/Church Affirmation and Recommendation form enclosed);
- 3) An official transcript from each academic institution you have attended beyond high school mailed directly to the NYDS Admissions Office;
- 4) Recommendations from two persons who have known you longer than one year. We would prefer recommendations from a professor/teacher, a work supervisor, and a business/professional/work acquaintance. You are responsible for securing these references, using the enclosed forms. Please ask each reference to mail the completed recommendation form directly to the Admissions Office. You can speed the process by providing your references with stamped envelopes addressed to the Admissions Office of NY Divinity School: Church Station—Box 3277, New York, NY 10008.
- 5) A typed spiritual autobiography, of at least two pages in length, documenting your Christian conversion experience, spiritual pilgrimage, call to pastoral or lay ministry, and life-changing experiences. This brief autobiography should include information on ministerial experience, spiritual growth, your calling, and significant life events (such as marriage, physical and emotional illness or divorce), and your reason for choosing New York Divinity School.

PERSONAL INFORMATION

Full name _____
Last First Middle Name usually called

Current mailing address _____
apartment/box/street number

_____ Telephone _ (_____) _____ (_____) _____
city state/country zip (home) (work)

Cell-phone number _ (_____) _____ E-mail address _____

Date of Birth _____ Place of birth _____
Month day year city/state/country

Citizenship _____ Emergency Contact: _____
country name phone

Marital status: Single Divorced (Date of Divorce _____)
 Married Widowed Re-married

Sex: Male Female Social Security number _____ - _____ - _____

Ethnic Group (For reporting purposes only):

White: Non-Hispanic American Indian or Alaskan native Hispanic
 Black: Non-Hispanic Asian or Pacific Islander Other _____

REGISTRATION INFORMATION

Please indicate the Term in which you wish to begin:

Fall Term Spring Term January Term June Term July Term Year: _____

Please indicate student status: New Readmission

CHURCH INFORMATION

In assessing your preparedness for seminary and the needs you may have upon entering our school, the Admissions Committee relies heavily upon your experience in local church settings.

What was your first church membership?

Name of Church	City	State	Zip
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Where are you currently a member?

Name of Church	City	State	Zip
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Phone	Pastor	Date you joined the church
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What is the denomination of your local church (where you are now a member)?

Does your church have matching grants for students? yes no

Do you have ministry or missionary experience? _____

Are you... Ordained? Licensed? Commissioned?

Please list your local church employment, if any:

Name of Church	Position	City & State	Dates	Paid/Volunteer
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Please list your other employment, if any:

Employer	Position	City & State	Dates	Paid/Volunteer
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EDUCATIONAL INFORMATION

Education beyond high school: Please list all institutions attended including college, university, seminary, and professional training:

Note: An official transcript from each institution is required.

Name of college/institution	State	Major	Dates attended	Degree conferred? If so, what degree and when?
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FAMILY INFORMATION

If married, your spouse's name _____
Last First Middle

Spouse's occupation, if any _____
Title Company name/address phone

Spouse's date of birth _____ Spouse's home state _____
Month Day Year

Children: (1) _____ (2) _____
Name Date of birth M/F Name Date of birth M/F

(3) _____ (4) _____
Name Date of birth M/F Name Date of birth M/F

Is your spouse a student? Yes No If so, where? _____

PURPOSE IN SEEKING A SEMINARY EDUCATION

Vocational goal (Indicate order of preference – 1st, 2nd, and 3rd)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Pastorate | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Pastoral Counseling | <input type="checkbox"/> Church Administration |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Civilian Chaplaincy | <input type="checkbox"/> Religious Journalism |
| <input type="checkbox"/> International Missions | <input type="checkbox"/> Adult Educational Ministry | <input type="checkbox"/> Military Chaplaincy | <input type="checkbox"/> Media Ministry |
| <input type="checkbox"/> USA Missions | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Prison Chaplaincy | <input type="checkbox"/> Campus Ministry |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Teaching (higher education) | <input type="checkbox"/> Moslem Evangelism | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Law Leadership | <input type="checkbox"/> Business Leadership | <input type="checkbox"/> Arts/Performing Arts | <input type="checkbox"/> Political Leadership |
| <input type="checkbox"/> Medical leadership | <input type="checkbox"/> Leadership Coaching | <input type="checkbox"/> Other (Please Specify) _____ | |

INTERNATIONAL STUDENTS

If you are NOT a citizen of the United States, please complete this section:

Note: International applicants are encouraged to apply at least one term prior to the term they wish to enter.

In which country were you born? _____ In which country are you currently a citizen? _____

If you are now residing in the US, what is your immigrant or non-immigrant classification? (choose one)

F-1 J-1 H-1 Permanent Resident Alien Registration Number: _____
 F-2 J-2 Other _____

Will you bring your family to New York with you? (mark one)

No Yes, Spouse Only Yes, Spouse & Children (number of children _____)

What is your native language? _____

What other languages do you speak? _____

In order to complete all requirements for the United States Immigration and Naturalization Service, the School must receive all necessary documentation at least 60 days prior to the term for which you wish to enroll. No I-20 forms will be issued without approval for admission, the deposit, and a valid affidavit of support. Please see the International Student Checklist for more information. All foreign applicants whose native language is not English are required to submit a TOEFL (Test of English as a Foreign Language) score of 550 or above.

Note: Please send photocopies of any current U.S. Immigration documents. This is especially important for permanent residents.

PERSONAL INFORMATION

Current Information

Yes No

- Do you have any physical, mental, or emotional disabilities which may require special assistance?
 Do you have learning disabilities or mental/physical condition that might affect your academic work?

If you are married, please rate, in your opinion, the health of your marriage (1 = low, 10 = high). _____

Background Information

- Have you ever been dismissed by any university, college, or other academic institution?
 Have you ever been convicted of any crime (other than minor traffic, driving or parking violations)?
 Have you been dishonorably discharged from any branch of the Armed Services?
 Have you used illegal drugs or have you abused alcohol?
 Have you been engaged in sexual misconduct of any nature?

If you answered "yes" to any one of the above questions, please include an explanation on a separate piece of paper. Honest responses will help us to best know how to minister to you and will not result in bias or an automatic reason for denial of your application.

STATEMENT (To be completed by all students)

In making application to become a student at New York Divinity School, I pledge myself to seek in every way to honor God, obey the to abide by the regulations of the faculty and administration; and to protect the good name of the institution; to preserve and protect the physical properties of the School and to cooperate with the various groups of the School family in creating and maintaining a spirit of Christian fellowship throughout my student days. I understand the School reserves the right to request a student to withdraw at any time if School standards are not met.

Date _____ Signed _____

Thank you for your time and thoughtful responses. Please return this completed form to:

Admissions Office, New York Divinity School, Church Station—Box 3277, New York, NY 10008

Pastor or Church Recommendation {one needed}

For the Masters Degree Programs at New York Divinity School

To be completed by applicant:

The Privacy Act of 1974 permits an applicant access to any information in his/her own student files.

I waive I do not waive my right of access to the contents of this recommendation form.

Applicant's Name (Please print) _____

Applicant's Signature: _____

To be completed by Pastor or Staff Minister (other than family members):

Minister's name _____ email address _____

Minister's Church and address _____

Minister's position _____ Telephone number (_____) _____ Fax (_____) _____

How long have you known the applicant? _____ In what capacities? _____

Church affiliation or denomination _____ Date applicant became a member of the church _____

Applicant's Church ministry involvement _____

Having evidence that the applicant is:

- An individual of Christian commitment and spiritual maturity as evidenced by participation in the life of this Church and in consistent Christ-honoring behavior elsewhere
- An individual of leadership potential, moral integrity and emotional stability
- An individual whom this church recommends for seminary education and Christian leadership

Yes I do / **No I do not recommend him/her for admission to NYDS?** If yes, please check one:

With enthusiasm With confidence With some reservation With reluctance

1. How would you describe the Lord's calling on the applicant's life for pastoral or lay ministry?

2. What spiritual gifts and personal strengths and talents does the applicant bring to ministry?

3. What weaknesses might distract the applicant from *Bible-based, Christ-centered, Spirit-led* ministry?

Signature of Minister _____

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Personal Recommendation {two needed}

For the Masters Degree Programs at New York Divinity School

To be completed by applicant:

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I waive I do not waive my right of access to the contents of this recommendation form.

Applicant's Name (Please print) _____

Applicant's Signature: _____

To be completed by the recommender (other than family members):

Name _____ email address _____

Address: street/city/state/zip _____

Title/role _____ Telephone number (_____) _____ Fax (_____) _____

How long have you known the applicant? _____ In what capacities? _____

What have you seen the applicant accomplish? _____

Having evidence that the applicant is:

- An individual of Christian commitment and spiritual maturity – as evidenced in behavior
- An individual of leadership potential, moral integrity and emotional stability
- An individual whom you recommend for seminary education and Christian leadership

Yes I do / **No I do not** recommend him/her for admission to NYDS? If yes, please check one:

With enthusiasm With confidence With some reservation With reluctance

Please evaluate the applicant in the following areas:

	Outstanding		Average		Poor	No information
Accountability	5	4	3	2	1	N
Discretion	5	4	3	2	1	N
Emotional stability	5	4	3	2	1	N
Fairness	5	4	3	2	1	N
Leadership	5	4	3	2	1	N
Love of God	5	4	3	2	1	N
Love of "neighbor"	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Personal Skills	5	4	3	2	1	N

Please briefly comment on the applicant's strengths or weaknesses _____

Signature of recommender _____

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Applicant's Signature: _____

To be completed by the recommender (other than family members):

Name _____ email address _____

Address: street/city/state/zip _____

Title/role _____ Telephone number (_____) _____ Fax (_____) _____

How long have you known the applicant? _____ In what capacities? _____

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Having evidence that the applicant is:

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Love of "neighbor"	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Personal Skills	5	4	3	2	1	N

Please briefly comment on the applicant's strengths or weaknesses _____

Signature of recommender _____

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