

Application for Admission

Sangre de Cristo Seminary



I. PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Social Security Number _____

Present Address _____

Daytime Phone () _____ Date of Birth _____ ___ Male ___ Female

Evening Phone () _____ Country of Citizenship _____

Marital & Family Information

___ Single ___ Married

Spouse's name _____

Names and ages of children _____

In an emergency contact:

Name _____ Relationship _____

Address _____ Phone _____

II. ACADEMIC PROGRAM

___ Full-Time Student: Planning to earn a: ___ Master of Divinity; ___ Diploma in Biblical Studies
___ Master of Arts in Exegetical Theology; ___ Special Student: Part-time for: ___ A semester;
___ One or more classes.

When do you plan to enroll? (Month/ Day/ Year) _____

Special Students: What course(s) do you plan to take: _____

III. EDUCATIONAL INFORMATION

High school name _____

Date of graduation _____

List post-high school institutions where at least one course was taken for credit:

School	Dates attended	Degree	Date awarded/expected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Degree seeking students are responsible for requesting that post-high school institutions listed above send an official transcript of academic work to Sangre de Cristo Seminary.

IV. CHURCH INFORMATION

Present church attending

Name _____

Address _____

Specific denominational affiliation of this church

V. EXPERIENCE

Present position

Previous ministry appointments or other employment

VI. AUTOBIOGRAPHICAL SKETCH

In an essay, describe the major influences in your life, e.g. family, schools, friends, literature, activities, and relation to God, Christ and His Church. Describe your experience in ministry and Christian service. State the purpose for which you seek seminary training. This essay should be typed and approximately 500-600 words.

VII. FINANCIAL AID (Full-time students only)

Do you plan to apply for the Ministry Tuition Scholarship? (Available to 2nd and 3rd year students)

___ No ___ Yes, please send an application to me.

VIII. RECOMMENDATIONS (Full-time students only)

List the names, addresses and phone numbers of two references as indicated. Download two reference letters. Instruct each reference to complete the form and send it directly to Sangre de Cristo Seminary.

1. Name: Pastor or Church official _____ Title _____

Address: _____

Phone: _____ Cell: _____

2. _____

Name: An individual of your choosing Position/relationship

Address: _____

Phone: _____ Cell: _____

Professing the Christian faith as expressed in the Apostles' Creed and willing to test every issue of faith and life by the Scriptures, and having read and understood the doctrinal statement of this school as stated in the current catalog, and agreeing to respect that doctrinal position, I do hereby enclose my registration fee of \$25.00 and apply for admission to this school.

Signature _____

Date _____

Sangre de Cristo Seminary will admit or permit the use of facilities or privileges to any student without discrimination in any way on the basis of sex, race or ethnic background.

Since the Scriptural, doctrinal and ethical standards of this school would be compromised by admission of students whose sexual orientation is directed toward members of their own gender, the School discourages application for admission to anyone embracing homosexual orientation. Application for admission from someone with such orientation may be considered following an interview with the Core-Faculty, repentance before God and forsaking such life style.

If you have any questions, please call Sangre de Cristo Seminary at 719-371-4812 or 719-783-2447 or

e-mail: info1@sangredecristoseminary.org

Return Completed Application to:

Sangre de Cristo Seminary

6160 County Road #130

Westcliffe, Colorado 81252