# Heidelberg Theological Seminary

7301 S. Louise Ave., Sioux Falls, SD 57108
Ph. 605.271.8987
Registrar: Dr. J.P Mosley
Ph. 423.650.7067

## Application Form

***Application Enrollment Type:***

- ❑ Master of Divinity
- ❑ Part Time Student - Master of Divinity
- ❑ Certificate Program
- ❑ Course Audit
- ❑ Master of Theological Studies
- ❑ Master of Arts
  - ❑ Theology
  - ❑ Bible

***Enrollment Intent Date***

YEAR _____ ❑Fall ❑ Winter Interim ❑Spring ❑Other _____

## Personal Information

Name (Last, First, Middle) _____
Street Address _____
City/State/Zip _____
Home Phone _____ Mobile Phone _____
Email _____
Date of Birth _____ Place of Birth _____
Social Security # _____ Country of Citizenship _____

Have you ever been convicted of a crime? ❑Yes ❑No

If yes, please explain:

Marital Status ❑Single ❑Married ❑Widowed ❑Separated ❑Divorced ❑Re-Married

### Nearest Living Relative (parents, spouse, etc)

Name (Last, Middle, First) _____ Relationship _____
Street Address _____ City/State/Zip _____

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## Nearest Living Relative (Continued)

Home Phone _____ Mobile Phone _____ Email _____
Spouse's Name _____ Date of Marriage _____
Children's Names and Ages _____
_____

## Employment History

### Present Occupation

Company_____ Length of Employment _____
Street Address _____ City/State/Zip _____
Position and Responsibility _____

### Prior Work Experience

Company _____ Year & Length of Employment _____
Position and Responsibility _____
Company _____ Year & Length of Employment _____
Position and Responsibility _____
Company _____ Year & Length of Employment _____
Position and Responsibility _____

Miscellaneous _____
_____

## Church Affiliation

Denomination _____ Congregation _____
Street Address _____ City/State/Zip _____
Minister's Name _____ Telephone _____
Date of Baptism _____ Years of Membership _____
Are you familiar with Covenant Theology? ❑ Yes ❑ No
Other prior church memberships _____
_____

Miscellaneous_____
_____

## Academic Background

### Secondary

School _____
Location _____ Date of Graduation _____

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## Post-Secondary

School _____
Location _____ Date of Graduation _____
Major / Degree _____

## Graduate

School _____
Location _____ Date of Graduation _____
Major / Degree _____
Degree Date _____
Special honors or awards _____
Miscellaneous _____

## Prior Seminary Education

Seminary _____
Type of Student (M. Div., Part Time, Audit) _____
Location (City/State) _____ Years of Study _____
Church Service Goal _____
_____

# Financial

Please identify the sources of your financial support while attending seminary (check as many as apply)

❑ Prior Savings ❑ Part Time Work ❑ Loan ❑ Family ❑ Spouse's Work
❑ Church Aid ❑ Scholarship ❑ Financial Aid ❑ Other (Specify) _____

Is your financial situation sound at this time? ❑ Yes ❑ No ❑ Not Certain

Please explain any delinquencies in debt repayment:
_____
_____

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If you need financial aid, indicate purpose, amount and frequency _____

_____

## Miscellaneous

Applicant's Statement of Health (Please provide a brief statement of physical & emotional health, including past medical history, surgeries and emotional illness if applicable) _____

_____

_____

Do you have any medical conditions that may affect your studies? ❑Yes ❑No

If yes, please explain:

Does your spouse support you in your decision to purse seminary training? ❑ Yes ❑ Yes, with reservation ❑ No If response is "Yes, with reservation" or "No", please explain: _____

_____

_____

## Statement of Compliance

*I declare that all statements on this application are true to the best of my knowledge. I have read the catalog statements and*

*1) understand the purposes and regulations for education at Heidelberg Theological Seminary*

*2) hereby willingly agree to conduct myself as a Christian, faithfully & diligently apply myself to the studies as required by the curriculum and*

*3) in harmony to these principles and regulations cheerfully comply with the advice of the Professors of the Seminary while I am a student at Heidelberg.*

Applicant's Signature _____ Date _____

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# Application Submission Requirements

Application Completion Checklist

- ❑ Copy of academic transcripts
- ❑ Personal Autobiography of 300-800 words
- ❑ Separate recommendations from pastor and church council (consistory or session) - duplicate page 7
- ❑ Two personal assessments from fellow Christians who know you well - duplicate page 7
- ❑ Your performance as a seminary student (if applicable)
- ❑ A non-refundable $30 application fee, in U.S. funds
- ❑ All application questions and checklist completed
- ❑ Mail all application with application fee

Mail completed application to:

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7301 South Louise Avenue
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# Personal Autobiography

Name (Last, First, Middle) _____

Instructions: Write a 300-800 word autobiography. Include this form with your application.

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# Recommendation: _____Ecclesiastical _____Personal

Questions to be answered for ecclesiastical recommendations of students
(Additional sheets can be added if you wish)

Recommendation for: _____

Name of Person or body making recommendation: _____

Reference's Phone Number & Email_____

How well do you know the applicant? ❑ Well ❑ Rather Well ❑ Casually ❑ Not Well

How long have you known this applicant? _____

## Areas of evaluation

Answer (1, 2 & 6) for Personal recommendation
Answer all questions for Eccelsiastical recommendation

1. Personal integrity and character

2. Personal Christian faith and life

3. Orthodoxy in Christian doctrine

4. Suitability for Christian ministry (especially with respect to the qualifications listed in 1 Timothy 3)

5. Academic ability to handle seminary level work

6. Recommendation:

❑ Enthusiastically Recommend ❑ Recommend
❑ Recommend with Reservation ❑ Do Not Recommend

Please mail response directly to: Registrar, Heidelberg Theological Seminary
7301 South Louise Avenue
Sioux Falls, SD 57108

Applicant: Please photocopy this form and use for Ecclesiastical recommendation requests for completion.

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# Academic Transcript Request Form

To: _____
Registrar

_____
Institution Name

_____
Institution Address

_____

_____

Note: Schools may charge a small fee to send transcripts and need a written request. Contact the Registrar's office at the school to determine how much they charge.

Registrar: Please send a copy of my academic transcript to Heidelberg Theological Seminary:

Registrar, Heidelberg Theological Seminary
7301 South Louise Avenue.
Sioux Falls, SD 57108

| | |
|---|---|
| My Enrollment Name | Applicant's Name (Printed) |
| Years Attended | Applicant's Signature |
| Degree(s) Earned | Applicant's Address |
| Social Security Number | City/State/Zip |
| Date of Birth | Daytime Phone Number |

Applicant: Please photocopy this form, complete it (including signature) and send to college, university, seminary, or other learning institution you attended after high school.

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