



After completing this form you will have successfully completed your application for the Institute for Christian Leadership.

Please note the following:

- You must have the signature of a pastor or church authority from your church, as noted below, in order to be approved.
- You must submit a \$35 application fee

Complete all information below and send to Admissions Office, The Southern Baptist Theological Seminary, 2825 Lexington Road, Louisville, KY 40280; e-mail address: admissions@sbts.edu; fax #: 502-897-4723.

Personal Information:

Full Legal Name:			Social Security Number:		
_____	_____	_____	_____		
Last	First	Middle			
Address:					

Street Address					

City		State		Zip Code	
Gender:		Birth date:		Marital Status:	
_____		_____		_____	
Citizenship:		Phone #: ()			
_____		_____			
E-Mail address:			Denominational Affiliation:		
_____			_____		

Education Information: (Elementary, High School, Bachelor's degree, ect.)

Demographic Information:

Applicant's Ethnicity:

Hispanic or Latino Yes No

Applicant's Race (select one or more):

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Asian

<p>Circle which Certificate you would like to pursue:</p> <ol style="list-style-type: none"> 1. Certificate in Theological Studies 2. Certificate in Great Commission Studies 3. Certificate in Christian Ministry 4. Certificate in Women's Leadership 5. Certificate in Urban Ministry 	<p>(Circle the term in which you will begin)</p> <p>Term: Fall Spring Summer Year _____</p>
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Personal Information:

If you answer "yes" to any of these questions, please provide appropriate details/documentation on a separate sheet.

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have any physical, mental, or emotional disabilities which may require special assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have learning disabilities or mental/physical condition(s) that might affect your academic work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been under the care of a psychologist, mental health counselor, or psychiatrist? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever declared bankruptcy or incurred any legal action against you associated with your finances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have existing debts aside from house and/or automobile? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is it a problem for you to pay off the balance of your credit cards on a regular basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will you incur debt by attending seminary? If yes, provide your plans for financing your seminary education. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, placed on academic, or disciplinary probation, or asked to withdraw by any educational institution? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever been convicted of any felony or been dishonorably discharged from any branch of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been dismissed, terminated, or fired from any place of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever used illegal drugs or abused alcohol? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever appeared on a local, state or national sex offender registry? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you or your spouse ever been divorced? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever been involved in any sexual misconduct of any nature? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does your spouse/family have any reservations concerning your desire to attend seminary? |

Purpose in seeking a seminary education:

- | | | | |
|--------------------------------------------------|--------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Pastorate | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Counseling | <input type="checkbox"/> Pastoral Counseling |
| <input type="checkbox"/> Church Administration | <input type="checkbox"/> Evangelist | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Civilian Chaplaincy |
| <input type="checkbox"/> Religious Journalism | <input type="checkbox"/> International Missions | <input type="checkbox"/> Adult Ministry | <input type="checkbox"/> Military Chaplaincy |
| <input type="checkbox"/> Media Ministry | <input type="checkbox"/> North American Missions | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Denominational Ministry |
| <input type="checkbox"/> Campus/College Ministry | <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Teaching (higher education) | <input type="checkbox"/> Recreation Ministry |
| <input type="checkbox"/> Women's Ministry | <input type="checkbox"/> Undecided | <input type="checkbox"/> Other (Please specify) | |

Personal Testimony: Describe your conversion (life before you believed the gospel, brief explanation of the gospel and how you came to believe it, and how your life has changed since your conversion).

Applicant's Signature:

Date:

Church/Agency Information:

Church/Agency Name:

Staff Person's Name and Position:

Church/Agency Contact Information (address, phone, e-mail):

I know of no reason why this person should not be admitted as a student at The Southern Baptist Theological Seminary.

Staff Person's Signature: _____