

Financial information form

Name _____
(Last/First/Middle)

Student ID # _____
(current student)

Address _____

Home Phone _____

Work Phone _____

E-mail _____

Date of Birth _____

Ethnicity _____

Social Security # _____

Are you a U.S. Citizen? (circle one) Yes No

If No, what is your Visa classification?

Tuition Discount

Please submit the required documentation.

- Missio/BTS Alum
- Missionary (You must provide a letter from your sending agency)
- _____

Spouse of a current or applying full-time Missio student

Student's name: _____

Payment Options

Please check the payment option that you wish to use.

- Payment in Full:** Payment in full for each term will be made on or before the first day of class for the term. Payment can be made in cash, check, and 3rd party check, and/or credit card (BTS accepts Visa, Master Card, Discover and American Express).
- FACTS/Nelnet Tuition Management System:** monthly payments (note: processing fee applies).
- Third Party Providers:** Any organization that has agreed to pay all or part of your tuition charges must provide documentation to this effect.
- Federal Direct Student Loan** (must take a minimum of five credits per semester to qualify)

I certify that all information recorded on this application is true to the best of my (our) knowledge. I am aware that the descriptions and requirements of each type of aid listed on this application are merely brief citations.

Student's Signature

Date

I am applying for the: DMin Program CAPS Program

The following items are required in the application process. Please check them off as you complete them to avoid delays from an incomplete application. All information should be submitted to the Admissions office at the address below.

- Application \$100 application fee (non-refundable) Official seminary transcript
 - Church Endorsement Form A writing sample (guidelines enclosed)
 - Letter of support from the applicant's spouse
 - Four letters of recommendation:
 - 2 professional references (see enclosed forms)
 - 2 personal references (see enclosed forms)
- An interview with an admissions counselor and DMin director

Personal Information

Name (Last/First/Middle):

Male Female

Present mailing address: _____

Home phone: _____

Cell phone: _____

Email address: _____

Social security number: _____

Date of birth: _____

Educational Background

Please list all colleges, universities, and graduate schools attended beyond high school.

School	Major Dates of Attendance	Degree	Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Country of citizenship: _____

marital status (optional):

Single Married Other: _____

Ethnic origin (optional):

Caucasian Asian African American Hispanic Other

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

Work phone: _____

Candidates whose first language is not English must take the TOEFL IBT (Internet-based) test and achieve a minimum score of 20 in each of the four sections = Total score of 80. Further TOEFL information is available at www.ets.org.

(over)

11.01.18



Ministry Experience

How many years have you been involved in ministry after your graduate seminary degree?

Describe your ministry experience over the past three years:

Ecclesiastical Affiliation

Name of current church affiliation: _____

Address: _____

City/state/zip: _____

Name of pastor (If you are not in pastoral work): _____

Have you ever been refused admission to or been dismissed by any seminary? _____ Yes _____ No

If so, where and for what reason _____

Have you ever engaged in or been the subject of a charge of unethical or immoral conduct or behavior?

_____ **Yes _____ No** **If so, please explain:** _____

What is your understanding of missional Christianity? _____

Why are you applying to Missio Seminary's DMin or CAPS Program? _____

I hereby make application to Missio for the DMin/CAPS program and affirm that, to the best of my knowledge, all information is complete and accurate. I understand that my application must be accompanied by a non-refundable \$100 fee made payable to Missio.

Candidate signature

Date

11.01.18



Church Endorsement form

Applicant

I, _____, have submitted this endorsement to my church for their overview and approval
Candidate name (print)

of my intention to attend a post-graduate program at Missio Seminary.

Candidate signature

Date

Endorsement

Our church believes this candidate to be a mature Christian and one who appears to meet the biblical qualifications for ministry and ministry preparation. We believe this individual will benefit from training in a post-graduate program at Missio and will contribute in a positive way to the seminary community.

Church name

Date

*Signature of church official ***

Printed name of church official

Title of church official

(A church official can be a pastor of the church, an elder or a deacon. Another authorized leader can also represent the church in endorsing this candidate.)**

Thank you for your assistance.

Please return this form directly to:

Missio Seminary, Admissions Office

200 North Main Street, Hatfield, PA 19440

phone: 800.235.4021 x153



DMin Spouse Endorsement form

Applicant

I, _____, have submitted this endorsement to my spouse for his/her
Candidate name (print)
overview and approval of my intention to attend a post-graduate program at Missio Seminary.

Candidate signature

Date

Endorsement

I believe my spouse to be a mature Christian and one who appears to meet the biblical qualifications for ministry and ministry preparation. I believe my spouse will benefit from training in a post-graduate program at Missio Seminary and will contribute in a positive way to the community.

Spouse's name (print)

Signature of spouse

Date

Thank you for your assistance.

**Please return this form directly to:
Missio Seminary, Admission Office
200 North Main Street, Hatfield, PA 19440
phone 800.235.4021 x153**

11.01.18

Writing Sample guidelines

Writing ability is often a predictor of a student's potential success in a post-graduate degree program. The writing sample, therefore, plays an important role in the admissions process. Our purpose for the writing sample is to investigate a candidate's ability to conduct high quality academic work. There are a number of requirements for the admissions writing sample:

The writing sample should be typed, double-spaced, and 1500-2000 words. The writing sample should be academic in nature and should follow APA guidelines. For your writing sample choose one of the following books and write a paper that interacts, reflects, and responds with the author. You should not merely repeat what the author says.

You may choose from the following books:

1. The Shaping of Things to Come: Innovation and Mission for the 21st Century Church by Michael Frost and Alan Hirsch.

2. Missional Church: A Vision for the Sending of the Church in North America by Darrell L. Guder.

NOTE: By applying to Missio Seminary the student acknowledges that any or all documents submitted for application to the Doctor of Ministry/CAPS program may be used for assessing the student's learning during the program.

Return your writing sample directly to:

Missio Seminary, Admissions Office

200 North Main Street, Hatfield, PA 19440

phone 800.235.4021 x153



A professional reference may be a ministry supervisor, denominational leader, former or current employer.

To the Applicant

Enter your full name as indicated and your expected date of entrance. Sign the statement below if you wish to make this recommendation confidential by waiving your right to access. Please forward this form to the individual making the recommendation.

Name (Last/First/Middle): _____ Sex: Male Female

Expected month and year of entrance: _____

OPTIONAL WAIVER OF RIGHTS (Under the Family Educational Rights & Privacy Act of 1974) I hereby waive my right of access to this evaluation form when completed, and understand that this confidential recommendation is to be used only in consideration of my application to Missio Seminary.

Candidate signature

Date

To the Recommender

The person whose name appears above is applying to one of Missio’s post-graduate programs and has requested that your recommendation be included as part of the admissions process. Please give the DMin office your assistance by providing responses to the questions. This form, when completed, should be mailed directly to the DMin office at the address shown at the end of the form.

How long have you known the applicant and in what capacity? _____

What characteristics do you consider to be the talents and strengths of the applicant? _____

Please describe the area(s) in which you feel the candidate has room for growth . _____

How thoroughly do you think the applicant has thought out plans for post-graduate theological study? _____

Please provide any additional comments you believe would be helpful to the admission's office in assessing the candidate's application for study at Missio Seminary.

Please give us your appraisal of the applicant in terms of the qualities listed below.

Abilities & Traits	Outstanding	Superior	Good	Average	Poor	Not Observed
Ability to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental & emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant to a Missio Seminary post-graduate program?

- Highly recommend Recommend, but with reservations
 Recommend Do not recommend

Name of recommender (print or type) _____

Position or title _____

School, church, or firm _____ Telephone () _____

Signature of recommender _____ Date _____

Thank you for your assistance.

Return your writing sample directly to: Missio Seminary/Admissions Office

200 North Main Street, Hatfield, PA 19440 - phone 800.235.4021 x153



A personal reference may be a colleague in ministry, layperson, or a professional acquaintance.

To the Applicant

Enter your full name as indicated and your expected date of entrance. Sign the statement below if you wish to make this recommendation confidential by waiving your right to access. Please forward this form to the individual making the recommendation.

Name (Last/First/Middle): _____ Sex: Male Female

Expected month and year of entrance: _____

OPTIONAL WAIVER OF RIGHTS (Under the Family Educational Rights & Privacy Act of 1974) I hereby waive my right of access to this evaluation form when completed, and understand that this confidential recommendation is to be used only in consideration of my application to Missio Seminary.

Candidate signature _____
Date

To the Recommender

The person whose name appears above is applying to one of Missio’s post-graduate programs and has requested that your recommendation be included as part of the admissions process. Please give the Admissions office your assistance by providing responses to the questions. This form, when completed, should be mailed directly to the Admissions office at the address shown at the end of the form.

How long have you known the applicant and in what capacity? _____

What characteristics do you consider to be the talents and strengths of the applicant? _____

Please describe the area(s) in which you feel the candidate has room for growth.

How thoroughly do you think the applicant has thought out plans for post-graduate theological study? _____

Please provide any additional comments you believe would be helpful to the admission's office in assessing the candidate's application for study at Missio Seminary.

Please give us your appraisal of the applicant in terms of the qualities listed below.

Abilities & Traits	Outstanding	Superior	Good	Average	Poor	Not Observed
Ability to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental & emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant to a Missio Seminary post-graduate program?

- Highly recommend Recommend, but with reservations
 Recommend Do not recommend

Name of recommender (print or type) _____

Position or title _____

School, church, or firm _____ Telephone () _____

Signature of recommender _____ Date _____

Thank you for your assistance.

Return this form directly to:

Missio Seminary/Admissions Office
 200 North Main Street, Hatfield, PA 19440
 phone 800.235.4021 x153
 Fax: 215.368.4913



11.01.18

800.235.4021 ext 146

Missio Seminary, 200 North Main St., Hatfield PA 19440

www.missio.edu