

MASTER OF DIVINITY DEGREE ADMISSION APPLICATION

Please Type or Print Legib	ıy.	□ (online \square K	esidentiai (Cno	eck One)
Date:			SSN:		
Desired Admission D	ate: □ Fa	Il □ Spring	Year:		
Name:Last					
Last		First	Middle	N	l aiden
Permanent Address:	Street Address/I	P.O. Box			
	City	State	;	Zip/Postal	Code
Current Address:					
	Street Address/I	P.O. Box			
	City	State	;	Zip/Postal	Code
Contact Information: (Please Include Area Codes)	Home No.	Wor	k No./Ext.		
	Cellular No.	Fax	No.	E-Mail Address	
Occupation:			I/F Ethnicity	:	
Birth Date:		City	//State of Birth:		
Marital Status:	□ Single	□ Married	□ Divorced	l □ Separ	ated
No. of Children:		Ages:			
		FAMILY BACK	GROUND		
Please List Names/Addres	ses of Parents or	Guardian.			
Mother's Full Name			Father's Full N	Name	
Mother's Address (City/S	tate/Zip)		Father's Addre	ess (City/State/Zip)	
Mother's Occupation			Father's Occur	pation	

MASTER OF DIVINITY PROGRAM ADMISSION'S ESSAY

Please submit a 2 page writing sample on the subject "What is the value of a theological education to me?" Include your motives for entering the Christian Ministry and those persons, influences, and religious experiences that led you to choose a church-related vocation.

ACADEMIC HISTORY

Please list all colleges and graduate school attended in chronological order.

Name of Institution (Include City/State)	Dates of Attendance (Start Date/Yr. – End Date/Yr.)	Degree	Date Graduated or Expected Date
List Undergraduate Major:	M	inor:	_
Reason for choosing:			_
List any academic honors, awards, graduate or graduate work:	fellowships, scholarships, etc. you h	ave received d	uring your under-
			_
	EMPLOYMENT HISTORY		
Please list chronologically your activit military service, etc.)	ies not listed under Academic History o	or Church Activ	ities (e.g. employment,

Housing

Do you plan to live on campus? ☐ Yes ☐ No Do you need housing for your family? ☐ Yes ☐ No				
Denon	MINATIONAL AFFILIATION			
Denomination Affiliation:				
If you are part of the African Methodist Episcopal	Church please answer:			
Episcopal District:Bishop:	Conference: Presiding Elder:			
Location of Home Church:				
Minister's Name / Address:				
	er, member of church board or organization, etc.)			
Are you licensed? □ Yes □ No	Are you ordained? □ Yes □ No			
What preaching experience have you had,	if any?			
If not preparing for pastoral ministries, for what type of full-time professional religious work are you preparing? Please be specific.				
	References			
Payne requires three letters of recommendation from all applicants. One recommendation should be from your pastor and/or a denominational official. Two recommendations may come from other persons, preferably college professors who are familiar with your academic ability. For students who have been out of school for more than five years, one letter of recommendation should be from a supervisor from the place of employment or the supervisor's equivalent. Give the names and addresses below.				
Name of Reference	Address and Telephone Number			
1.				
2.				
3.				



MASTER OF DIVINITY DEGREE RECOMMENDATION FORM

RELEASE AUTHORIZATION

This section is to be completed by applicant: ☐ I waive the right to access this reference form. This reply will be kept confidential. ☐ I do not waive the right to access this reference form. I may request to view the material. Applicant's Signature Date Print Name Phone: Email REFERENCE This section is to be completed by remitter: has applied for admission to Payne Theological Seminary, a graduate professional school affiliated with the African Methodist Episcopal Church (A.M.E.) and has indicated that you could provide us with a recommendation. Your honest evaluation of this individual's capabilities for graduate studies and work within the church would be greatly appreciated. Your response is one of several that will be utilized in making the decision regarding admission to Payne. Where there are options, please check only one (1) box. Thank you for your input. How long have you known the applicant and in what capacity? In your estimation, what is the applicant's greatest strength? What do you feel are areas of opportunity/growth for the applicant?

How a	re the applicant's people skills?				
	☐ Relates very well with others. Is thoughtful and considerate.				
	Is polite and amicable. Usually demonstrates concern for others.				
	There is reason to believe that the applicant has difficulties relating to others.				
	☐ This person has difficulty accepting people who have different views.				
Please	comment on the applicant's ability to communicate with people of different ages and backgrounds.				
How w	vell does this person deal with authority, whether in a position of leadership or not?				
In you	r estimation, how emotionally mature is the applicant?				
	Mature and emotionally stable. One can count on individual.				
	Usually mature; usually stable.				
	There is reason to believe the individual may not be able to handle moderate stress.				
	Applicant seems to have serious emotional problems.				
How is	s the applicant's faith made manifest? (Check all that apply)				
	Patterns life after the teaching of the church.				
	Peacemaker				
	Seeks to build bridges of hope and trust.				
	Has a desire to help others.				
	Enjoys discussing issues of faith.				
	Respects the belief of others.				
	Attends church regularly.				
	Interested in learning more about own religious tradition.				
	Can sometimes be abrasive or offensive in attempting to communicate beliefs.				
	Uncomfortable with those who believe differently.				
	Self-centered				
What 6	evidence in the applicant's life leads you to believe that this person is deeply committed to the church?				

m your	r estimation, now will this person handle the a	academic requirements of a graduate school?			
	Mature and emotionally stable. One can count on individual.				
	Will exert more effort than in past and will probably do very good work.				
	Will provide adequate work.				
	May have some difficulty in graduate work.				
	May not be able to handle graduate work.				
Overal	ll Evaluation:				
	I recommend this applicant without reservation as an excellent prospect for graduate theological education. Applicant demonstrates excellent promise as a church leader.				
	Overall, I would recommend this individual as a good prospect for graduate theological education and church leadership.				
	I have some reservations, but I feel the applicant has a reasonable chance for achievement in graduate school and as a church leader.				
	I have substantial doubts about this applicant.				
	☐ I have additional comments that I would like to communicate with the Admissions Director/Academic Dean confidentially. I would like to request a phone conversation.				
Signatu	ure	Title			
Print Name		Date			
Daytime Telephone Number		E-Mail Address			
Cellula	ar Number				
	THANK YOU FOR LEGIBLY A	ND COMPLETELY FILLING OUT THIS FORM.			
		Return form to: Theological Seminary			

Return form to:
Payne Theological Seminary
ATTN: Office of Admissions
1230 Wilberforce-Clifton Road, P.O. Box 474
Wilberforce, OH 45384-0474

Or Fax: 937.376.2888