MASTER OF DIVINITY DEGREE
ADMISSION APPLICATION

Please Type or Print Legibly.

☐ Online  ☐ Residential  (Check One)

Date: ____________________  SSN: ____________________

Desired Admission Date:  ☐ Fall  ☐ Spring  Year: ____________________

Name: ____________________

Permanent Address:
Street Address/P.O. Box
City  State  Zip/Postal Code

Current Address:
Street Address/P.O. Box
City  State  Zip/Postal Code

Contact Information:
(Please Include Area Codes)
Home No.  Work No./Ext.
Cellular No.  Fax No.  E-Mail Address

Occupation: ____________________  Gender: M / F  Ethnicity: ____________________

Birth Date: ____________________  U.S. Citizen: Yes ___  No ___

If no, Country of Citizenship: ____________________

Marital Status:  ☐ Single  ☐ Married  ☐ Divorced  ☐ Separated

FAMILY BACKGROUND

Please List Names/Addresses of Parents or Guardian.

Mother’s Full Name  Father’s Full Name

Mother’s Address (City/State/Zip)  Father’s Address (City/State/Zip)

Mother’s Occupation  Father’s Occupation

1230 Wilberforce-Clifton Road ☄ P.O. Box 474 ☄ Wilberforce, OH 45384 ☄ Ph: 937.376.2946 Ext. 202 ☄ Fax: 937.376.2888
MASTERS OF DIVINITY PROGRAM ADMISSION’S ESSAY

Please type and submit a three page typed writing sample on the following topic: “What is the value of a theological education to me?”

Include in your essay the following:

* What has encouraged you to enter Christian Ministry?
* Who influenced you in this decision?
* What religious experiences led you to choose a church-related vocation?

Please fax completed essay to: 937-376-3330

ACADEMIC RECORD

Please list all college(s) and graduate school(s) attended in chronological order.

<table>
<thead>
<tr>
<th>Name of Institution (Include City/State)</th>
<th>Dates of Attendance (Start Date/Yr. – End Date/Yr.)</th>
<th>Degree</th>
<th>Date Graduated or Expected Date</th>
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List Undergraduate Major: __________________________ Minor: __________________________

List any academic honors, awards, fellowships, scholarships, etc. you have received during your undergraduate or graduate work:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

EMPLOYMENT HISTORY

Please list chronologically your activities not previously given under academic history or church work, such as employment, and military service.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
HOUSING

Do you plan to live on campus? □ Yes □ No
Do you need housing for your family? □ Yes □ No

DENOMINATIONAL AFFILIATION

Denomination Affiliation: ____________________________________________
If you are part of the African Methodist Episcopal Church please answer:

Episcopal District: __________________________ Conference: __________________________
Bishop: __________________________ Presiding Elder: __________________________
Location of Home Church: __________________________________________
Minister’s Name/Address: __________________________________________

Church Activities? (i.e. Sunday School Teacher, member of church board or organization, etc.) __________________________

Are you licensed? □ Yes □ No
Are you ordained? □ Yes □ No
What preaching experience if any have you had? __________________________
If not pastoral ministries, what type of full-time professional religious work are you preparing for? 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.

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<tr>
<th>Name of Reference</th>
<th>Address and Telephone Number</th>
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ADMISSIONS APPLICANT SIGNATURE

I certify that all answers in this application are complete and accurate. I understand that inaccurate information on any part of this application may result at any time in cancellation of admission or registration, program dismal, modification of student status and/or revocation of earned degree with no refund of amounts paid. If admitted, I knowledge I must comply with Seminary policies, rules and procedures. I also understand that the Seminary reserves the right to withdraw, revoke and/or cancel an admission or other decision at any time it deems this action is warranted.

Signature: __________________________ Date: __________________________
**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.

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<th>Applicant’s Signature</th>
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**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 are 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 well does this person deal with authority, whether in a position of leadership or not?

__________________________________________________________________________

In your 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 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 evidence in the applicant’s life leads you to believe that this person is deeply committed to the church?

__________________________________________________________________________

__________________________________________________________________________

In your estimation, how will this person handle the 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.

**Overall 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.

Please use the space provided to share any other information you feel we should know about the applicant.

__________________________________________________________________________________________

__________________________________________________________________________________________

Signature ___________________________ Title ___________________________
Print Name __________________________ Date __________________________
Daytime Telephone Number ___________ E-Mail Address ________________