



**Attach  
Photo  
Here**

**PO Box 7148 • Greensboro • North Carolina • 27417**

### **Application for Admission**

#### *Personal Information*

1. Mr. Mrs. Ms. \_\_\_\_\_  
Last Name First Middle
2. \_\_\_\_\_  
Street Address Mailing Address (if different)  
\_\_\_\_\_  
City State Zip Code
3. \_\_\_\_\_ U. S. Citizen:  Yes  No  
Date of Birth Place of Birth Social Security
- If you answered no, please indicate the country of your citizenship and INS status: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_
5. Gender:  Male  Female Race: \_\_\_\_\_
6. Marital Status:  Single  Engaged  Married  Separated  Divorced  Widowed  
Spouse's Name: \_\_\_\_\_ Married Since: \_\_\_\_\_  
Children at Home: \_\_\_\_\_
7. In case of emergency, contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_
8. Are you a veteran?  Yes  No If yes, branch and rank: \_\_\_\_\_  
Are you eligible for Veterans Administration benefits?  Yes  No
9. Current Employer: \_\_\_\_\_
10. Employer's Address: \_\_\_\_\_
11. May we publish your name, address, phone number, and email address in the **CEEDS Student Directory**?  
 Yes  No
12. Languages Spoken: \_\_\_\_\_

***Ministry Information***

13. Church Membership: \_\_\_\_\_  
Denomination (Official Name): \_\_\_\_\_
14. Ministerial Status:    Under Care    Licensed    Ordained    Recorded   Date: \_\_\_\_\_
15. Name of body granting recognition: \_\_\_\_\_
16. Current Ministry: \_\_\_\_\_  
\_\_\_\_\_
- Location Since
17. Vocational Goal: \_\_\_\_\_

***Academic Information***

18. Please indicate the program or status for which you are applying.  
 Master of Divinity    Master of Arts    Auditing Student    Visiting Student
19. When do you plan to enter **CEDS**:   Year \_\_\_\_\_  
 Fall A    Fall B  
 Spring A    Spring B    Summer School
20. Have you applied to **CEDS** previously?    Yes    No  
If yes, give dates: \_\_\_\_\_
21. Have you been refused admittance or re-admittance by a school?  Yes    No  
If yes, please explain on a separate page.
22. List below in chronological order **ALL** schools attended after high school. **Applicant is responsible for having OFFICIAL TRANSCRIPTS forwarded by ALL community colleges, universities, graduate schools, and seminaries to CEDS.**
- | <u>Name of Institution</u> | <u>Location</u> | <u>Dates Attended</u> | <u>Degree</u> |
|----------------------------|-----------------|-----------------------|---------------|
| _____                      | _____           | _____                 | _____         |
| _____                      | _____           | _____                 | _____         |
| _____                      | _____           | _____                 | _____         |
| _____                      | _____           | _____                 | _____         |
| _____                      | _____           | _____                 | _____         |
| _____                      | _____           | _____                 | _____         |
| _____                      | _____           | _____                 | _____         |
23.    Check here if you would like a transcript evaluation for possible transfer credit.

### *Financial Information*

24. Have you experienced extreme financial difficulties, been insolvent, or declared bankruptcy?

Yes    No   If yes, please explain on a separate page.

25. How will you finance your divinity school education?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Personal Savings             | <input type="checkbox"/> Local Church Assistance     | <input type="checkbox"/> Student Loan Program |
| <input type="checkbox"/> Full or Part-time Employment | <input type="checkbox"/> Denominational Scholarship  | <input type="checkbox"/> Grants               |
| <input type="checkbox"/> Working Spouse               | <input type="checkbox"/> Divinity School Scholarship |   |
| <input type="checkbox"/> Extended Family Support      | <input type="checkbox"/> Veterans Benefits           |   |

### *References*

26. Four recommendations (use provided forms) attesting to the applicant's ability to do graduate work.

	<u>Name</u>	<u>Address</u>
Pastoral:	_____	_____
Professional:	_____	_____
Academic:	_____	_____
Personal:	_____	_____

### *Essay*

27. Submit an essay of 1,000 words which will include: (1) a thoughtful reflection on your conversion and growth into the image of Christ, (2) a description of your call to ministry and ministry experiences, and (3) your reasons for pursuing theological education.

28.  I have attached a pass-port size photo to the application.
29.  I have enclosed the nonrefundable Application Fee: \$35.00
30.  I certify that all information on this application is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Carolina Evangelical Divinity School complies with applicable laws regarding non-discrimination based on factors such as race, sex, national origin, age, or disability in its educational and employment policies.***