



PO Box 7148 • Greensboro • NC • 27417-7148

Attach  
Photo  
Here

## Doctor of Ministry 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

**Ministry Information**

12. Church Membership: \_\_\_\_\_

Denomination (Official Name): \_\_\_\_\_

13. Ministerial Status:  Under Care  Licensed  Ordained  Recorded Date: \_\_\_\_\_

14. Name of body granting recognition: \_\_\_\_\_

15. Current Ministry: \_\_\_\_\_

\_\_\_\_\_ Location \_\_\_\_\_ Since

16. Future Ministry Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Academic Information**

17. When would you like to begin your DMin studies at **CEDS**? Academic Year: \_\_\_\_\_

Session A (July)  Session B (November)  Session C (March)

18. Have you applied to **CEDS** previously?  Yes  No

If yes, give dates: \_\_\_\_\_

19. Have you been refused admittance or re-admittance by a school?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

20. List below in chronological order **ALL** schools attended after high school. **Applicant is responsible for having OFFICIAL TRANSCRIPTS forwarded by ALL colleges, universities, graduate schools, and seminaries to CEDS.**

Name of Institution Location Dates Attended Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21.  Check here if you would like a transcript evaluation for possible transfer credit.

### ***Financial Information***

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

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

23. 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***

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

Name

Address

Denominational

Executive: \_\_\_\_\_

Current

Ministry: \_\_\_\_\_

Former

Professor: \_\_\_\_\_

Personal

Friend: \_\_\_\_\_

### ***Essay***

25. Submit a ten page essay which includes: (1) a thoughtful reflection on your conversion and growth into the image of Christ, (2) a description of your call to ministry, (3) a resume of all ministry positions and/or opportunities, (4) an honest assessment of your ministry experiences, (5) a summary of your reasons for pursuing DMin studies and the effects you see the studies having on your life and ministry, and (6) a statement of family (spouse and children) support.

26.  I have made arrangements to take the *Millers Analogies Test* (MAT).

27.  I have attached a passport size photo to the application.

28.  I have enclosed the nonrefundable \$50 Application Fee.

29.  I certify that all information on this application is true and accurate to the best of my knowledge.

30. 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.***