

**AMERICAN BAPTIST SEMINARY OF THE WEST
APPLICATION FOR ADMISSION**

TODAY'S DATE: _____ DEGREE: MASTER OF DIVINITY _____ OTHER _____

APPLYING FOR: ___ FALL of _____ (year) ___ Full - time

___ SPRING of _____ (year) ___ Part - time

PERSONAL

NAME: Last/Family name _____ First _____ Middle _____

PRESENT ADDRESS: _____

CITY _____

STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

PERMANENT ADDRESS (If different from above): _____

CITY _____

STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE NUMBER include area code:(Daytime) _____

(Home) _____ (Fax) _____ (Email) _____

OPTIONAL

DATE OF BIRTH (Month/Day/Year) _____ PLACE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____ MALE: _____ FEMALE: _____

CHURCH/MINISTRY BACKGROUND (If applicable)

CHURCH MEMBERSHIP: _____ DENOMINATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE _____

ARE YOU ORDAINED: ___ YES ___ NO LICENSED: ___ YES ___ NO

PROFESSIONAL/MINISTRY GOAL: _____

EXPERIENCE IN RELIGIOUS/MINISTRY WORK (As lay or professional): _____

ACADEMIC BACKGROUND

(List all post-secondary institutions attended -colleges, universities, professional schools, seminaries,etc.)

COLLEGE/UNIVERSITY: _____

MAJOR FIELD: _____ DEGREE: _____ DATE _____

COLLEGE/UNIVERSITY: _____

MAJOR FIELD: _____ DEGREE: _____ DATE _____

MINOR FIELDS: _____

GRADUATE SCHOOLS ATTENDED: _____

FIELD OF CONCENTRATION: _____ DEGREE: _____ DATE _____

WHAT STUDIES INTERESTED YOU THE MOST? _____

SPECIAL HONORS: _____

STUDENT ACTIVITIES: _____

WORK EXPERIENCE

OCCUPATIONS _____

SPECIAL INTERESTS, ABILITIES, ETC.: _____

FAMILY BACKGROUND: (List spouse, family members living with you, ages of children)

EMERGENCY INFORMATION: (Name, Address, Phone number of person(s) to be notified in case of emergency.)

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE NUMBERS: _____

HOUSING (Deadline for housing is June 1). I will need housing YES NO

FINANCIAL AID I will need financial aid. Please send me a form.

I will need financial aid. Enclosed is my financial aid application.

I wish to apply for work/study. Enclosed is my resume or list of skills.

(Priority is given to Fall applicants)

If you wish to apply for Government Guaranteed Student Loan,
contact the GTU Financial Aid office at 510/649-2469.

INTERNATIONAL STUDENTS:

Have you taken the TOEFL (Test of English as a Foreign Language)?

YES _____ (date taken)

NO _____ (when do you plan to take it?)

ADMISSIONS MATERIALS TO SUBMIT (Send to the Admissions Office, ABSW, 2606 Dwight Way, Berkeley, CA 94704)

- \$25 application fee
- Official transcripts of all academic work beyond high school. Final transcript showing undergraduate degree is required before registration.
- Autobiographical statement.
- References: (Prospective students must send reference forms to persons chosen as referents. Referents may write reference letter on their own letterhead)
 - a. Two college professors (if it has been more than 4 years since your undergraduate degree was awarded, please send in, in lieu of two professors, references from two business or professional persons)
 - b. Pastor
- For International Students, TOEFL minimum score of 550 and Certification of Finances form.

*ONLY STUDENTS WHO ARE ADMITTED AND ATTEND (REGISTER) HAVE THE FOLLOWING RIGHT: The Family Education Rights and Privacy Act of 1974 gives students access to information contained in their application for admission. However, to insure the freedom of confidentiality to the references, the applicant has the option to sign the following:
I hereby waived my rights to access the confidential letters of reference secured in the process of application to a degree program at the American Baptist Seminary of the West.*

Name (Signature): _____

Date: _____

ALL DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION BECOME THE PROPERTY OF THE AMERICAN BAPTIST SEMINARY OF THE WEST.

AUTOBIOGRAPHICAL STATEMENT

NAME: _____

DATE: _____

Please compose a thoughtful and candid autobiographical statement of at least 400 words. Your statement should include the items mentioned below, but it need not be limited to them.

1. Reflect upon your experience as a Christian and your activities with the Christian community or ministry.
2. Why have you chosen (or considered) a faith based vocation or ministry?
3. What do you understand the nature and mission of the Church or faith community to be?
4. Why have you decided to apply for admission to the American Baptist Seminary of the West?

REFERENCE

Mail to: ADMISSIONS OFFICE
AMERICAN BAPTIST SEMINARY OF THE WEST
2606 DWIGHT WAY
BERKELEY, CA 94704
510/841-1905 FAX: 510/841-2446
Admissions@absw.edu

APPLICANT'S NAME: _____

ACADEMIC PROGRAM: _____

We would appreciate a statement from you concerning the person named above, who has applied for admission to ABSW. Would you please indicate the length and nature of your relationship to the applicant. Information is desired especially on the following points: 1) Evidence of his/her promise for or, where applicable, his/her performance in the ministry or some other type of religious leadership. 2) Academic ability. How would this applicant be rated among other students in comparable fields in recent years? Please be as precise as possible. 3) Character and personality. 4) Vocational clarity and commitment. 5) Family relationship. It would help in making a fair and accurate appraisal of the applicant if you would feel free to mention his/her weaknesses as well as his/her strong points.

In accordance with federal legislation, all letters of recommendation may be made available to the student, if admitted to the school, directly upon the student's request, unless the student has signed the waiver. The student may waive the right to have access to this letter of recommendation and thereby reinstate its confidential nature by signing here:

Student Signature _____

Date _____

Name of Recommender (please print) _____

Relationship to applicant _____

Signature of Recommender _____

Date _____