



9. Please indicate when you expect to enroll (semester and school year): \_\_\_\_\_

10. Your Current Ministry:     Pastor                       Evangelist                       Ministry Leader

Chaplain, Hospital                       Chaplain, Prison                       Chaplain, Military

Counselor, Professional                       Teacher or Administrator                       Missionary

Christian Educator                       Music Ministry                       Other \_\_\_\_\_

11. Please request that a transcript showing all college, graduate, and professional courses from each school be sent directly to our Registrar's Office.

12. A small-size, recent photograph is requested (emailed or attached in front).

13. A non-refundable matriculation fee of US\$75.00 or Philippine peso equivalent must accompany the application form (for students from developing countries) and US\$110 or Philippine Peso equivalent (for students from developed countries).

14. What areas are of interest to you and what possible research topics would you pursue? Please write your answer in the box.

## II. PERSONAL

1. Are you married? \_\_\_\_\_ Date of marriage \_\_\_\_\_ No. of children \_\_\_\_\_  
Ages ( \_\_\_\_\_ ) Names: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_

2. Have you been married previously? \_\_\_\_\_ If so, is any former spouse living? \_\_\_\_\_

3. What non-ministerial employment or business experience have you had (kind and length) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you had any serious illness or injury, that interrupted your schooling as much as a term or semester? \_\_\_\_\_. Please explain. \_\_\_\_\_  
\_\_\_\_\_

5. Do you need any special services to accommodate for a disability? Please explain. \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been refused admission by or dismissed from a seminary or other theological school? \_\_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Who influenced/recruited you to study at APNTS? Give name and address. \_\_\_\_\_  
\_\_\_\_\_
8. Describe your level of computer "literacy." E-mail? Internet research? Word Processing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **III. EXPERIENCE IN MINISTRY**

Describe your experience in ministry. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Include any additional information on a separate sheet).

Years in Ministry \_\_\_\_\_

Currently in full time ministry \_\_\_\_ Yes \_\_\_\_ No      Years in your current ministry \_\_\_\_\_

Is your church or ministry supportive of your study in this program? \_\_\_\_ Yes \_\_\_\_ No  
(Please provide a recommendation letter from your church.)

### **IV. FINANCIAL ARRANGEMENTS**

1. How do you plan to support your Doctor of Ministry education?  
\_\_\_\_\_  
\_\_\_\_\_

2. What is your present indebtedness?  
\_\_\_\_\_  
\_\_\_\_\_

Will this handicap your ministry? \_\_\_\_\_

3. Will you be receiving financial support from a sponsor or sponsors? \_\_\_\_\_  
\_\_\_\_\_

(If yes, please fill out a Sponsorship Form)

**V. REFERENCES:** (Please print. The Seminary will contact these references. Do not list close relatives. Please include their e-mail address and fax number).

1. Name: \_\_\_\_\_  
College Teacher

Address : \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
District Superintendent or Ecclesial Leader

Address \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Pastor or Other Minister

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Mission Director or Church Official

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*Note:* The right to request information from your present or former pastor, district superintendent, ecclesial leader or other persons is reserved by the Seminary. In order to assure complete objectivity, it is helpful if applicants waive their right to access to letters of reference APNTS receives. By law you have the right to refuse to waive right of access. Please indicate your decision. Those from whom references are requested will be notified of your decision.

I  hereby waive

my right of access to letters of reference APNTS receives.

I  hereby do not waive

\_\_\_\_\_  
Applicant's Signature

**VI. PERSONAL AND PROFESSIONAL IDENTITY PAPER** (1000-1200 words)

**VII. GOAL FOR D.MIN. CONTINUING EDUCATION** (300-500 Words)

Please include a possible focus for your Ministry Research Project.

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If admitted to Asia-Pacific Nazarene Theological Seminary, I agree to live in harmony with the purposes and objectives of the Seminary as stated in the catalog.

Signed \_\_\_\_\_