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# Application For Degree Program Admission

*Programs*

Bachelor of Divinity  
Master of Divinity  
Associate of Theological Studies  
Master of Theological Studies

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# City Seminary

Sacramento

For office use only

Date Rec. \_\_\_\_\_ Fee \_\_\_\_\_

Program \_\_\_\_\_ Semester \_\_\_\_\_

City Seminary of Sacramento

**WELCOME**

## Welcome to City Seminary of Sacramento

City Seminary of Sacramento is a graduate level theological institution committed to providing a classical theological education to divinity students in the Sacramento region. The seminary offers programs leading to the degrees of Associate of Theological Studies, Master of Theological Studies (2-year); and, Bachelor of Divinity and Master of Divinity (4-year).

City Seminary was founded upon the conviction that students training for the ministry should not have to leave their local church, go into debt and move to a distant city in order to receive a sound theological education.

Applicants for enrollment should complete and submit all attached forms. When your application has been received, an Admissions officer will contact you to schedule a personal interview. Please follow the "checklist" to insure that your application is complete.



Mr. James Clark, Registrar  
City Seminary of Sacramento

## SEMINARY PROGRAMS

When do you plan to begin studies? (Choose one)

- Fall Semester/ Year \_\_\_\_\_     Spring Semester/Year \_\_\_\_\_     Already enrolled

Program? (Choose one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bachelor of Divinity | <input type="checkbox"/> Associate of Theological Studies | <input type="checkbox"/> Certificate: Apologetics         |
| <input type="checkbox"/> Master of Divinity   | <input type="checkbox"/> Master of Theological Studies    | <input type="checkbox"/> Certificate: Church History      |
|   |   | <input type="checkbox"/> Certificate: New Testament       |
|   |   | <input type="checkbox"/> Certificate: Old Testament       |
|   |   | <input type="checkbox"/> Certificate: Systematic Theology |
|   |   | <input type="checkbox"/> Certificate: Pastoral Theology   |

## PERSONAL IDENTIFICATION

### 1. NAME

\_\_\_\_\_  
 Last or family name                      First                      Middle                      Name you go by

Other name under which you attended college: \_\_\_\_\_ Sex:  Male  Female

### 2. ADDRESS

Current mailing address ( <i>until: _____</i> )	Permanent mailing address ( <i>if different than current address</i> )
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

### 3. CONTACT NUMBERS

Current Contact Numbers ( <i>until: _____ numbers</i> )	Permanent Contact Numbers ( <i>if different than current</i> )
Home Phone _____	_____
Work Phone _____	_____
Home Fax _____	_____
Work Fax _____	_____
Email _____	_____

### 4. CITIZENSHIP

\_\_\_\_\_  
 Date of birth (*month/day/year*)    Place of birth (*city, state, country*)

Nation of Citizenship     United States     Other \_\_\_\_\_

Are you a legal permanent resident of the U.S.?     Yes     No    If "yes," what is your Resident Alien Card number? \_\_\_\_\_

If not a U.S. citizen, what is your visa status?    J1 \_\_\_\_\_ F1 \_\_\_\_\_ Other \_\_\_\_\_ Expiration Date \_\_\_\_\_

What is your native language? \_\_\_\_\_

All international and English-as second-language (ESL) students applying for admission must submit a score for the Test of English as a Foreign Language (TOEFL). A minimum score of 550 is required for admission and must include the writing section (TWE) which is administered in September, October, March and May. Applicants who score 600 or lower on the TOEFL must enroll in the ESL program at Sacramento City College or other approved program. To register for the TOEFL/TWE test, contact:

TOEFL/TWE SERVICES  
 P. O. Box 6151  
 Princeton, NJ 08541-6151, USA

Telephone: 609-771-7100  
 e-mail: toefl@ets.org  
 Website: <http://etsweb.ets.org>

## 5. MARTIAL STATUS

Marital Status:  Married  Single  Engaged  Widowed  Divorced

If applicable, date of marriage \_\_\_\_\_ Spouse's full name \_\_\_\_\_

Spouse's date and place of birth \_\_\_\_\_ Spouse's country of citizenship \_\_\_\_\_

Does your spouse support you in your decision to pursue theological education?  Yes  No

If yes, but with some reservations, please explain \_\_\_\_\_

## BACKGROUND

### 6. CHURCH BACKGROUND

What is your denominational affiliation? \_\_\_\_\_

#### Current Church

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Minister's name \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Are you a member of this church?  Yes  No

Have you have ever been excommunicated?  Yes  No

Are you a licensed minister?  Yes  No Are you ordained?  Yes  No If "yes," date of ordination \_\_\_\_\_

#### Home Church/Former Church

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Minister's name \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Are you a member of this church?  Yes  No

### 7. ACADEMIC BACKGROUND

For each school attended beyond high school, give:

Name of Institution	Attended from/to	Degree or diploma	Year degree was/will be received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please request that an official transcript be sent by each school to you. Use the attached "request for Academic Transcript" form for this purpose. You need not send a transcript from a school where you took less than 12 semester hours.

Do you hold a Bachelor's Degree?  Yes  No Subject of your Bachelor's Degree? \_\_\_\_\_

Special honors or awards received? \_\_\_\_\_

## 8. HEALTH, FINANCIAL and PERSONAL

How is your health at present? \_\_\_\_\_

Do you have any medical conditions that could affect your studies at City Seminary?  Yes  No

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

Are you on a sound financial basis at this time?  Yes  No

Amount of your indebtedness to your previous school(s): \$ \_\_\_\_\_

Amount of student loan balance outstanding: \$ \_\_\_\_\_

Amount of all other indebtedness (excluding home mortgage): \$ \_\_\_\_\_

Please explain any delinquencies of debt repayment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime/felony?  Yes  No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. REFERENCES

Each applicant is required to submit one pastoral reference and two other references who are not family members. Please fill-out and include with your application the enclosed reference forms.

Name	Street Address	City	State	Zip	Phone
Pastoral _____	_____	_____	_____	_____	_____
Reference 1 _____	_____	_____	_____	_____	_____
Reference 2 _____	_____	_____	_____	_____	_____

## ESSAYS

## 10. ESSAYS

On a separate sheet of paper please type your answers to the following questions.

- Please describe your saving faith in Christ.
- Do you believe that you are called by God to the preaching ministry? Explain.
- Please list your Christian service/ministry activities in which you have been involved, include date and the church or organization.
- List types and dates of employment in which you have engaged.

E. On a separate sheet of paper, write an essay of 100-200 words explaining one of the following verses:

Galatians 2:16  
Deuteronomy 6:4,5  
2 Timothy 3:16

## 11. DOCTRINAL ADHERENCE

City Seminary embraces the essential doctrines of the historic Protestant Christian faith as confessed in the Heidelberg Catechism (1563 A.D.). Students may hold to a different doctrinal standard, provided they confess the following, without reservation:

- The authority, infallibility and inerrancy of Scripture
- The Trinity
- The full deity and humanity of Christ
- The fallen nature of man
- The substitutionary atonement and bodily resurrection of Christ
- Salvation by faith alone in Christ alone
- The future, physical return of Jesus Christ

Do you adhere to the above doctrines?  Yes  No

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**ALL APPLICANTS:** Please sign and submit this application with the application fee by the required deadline. Once submitted, the application and all supporting documents become the property of City Seminary of Sacramento, and may not be returned to you, nor will they be used for any other purpose.

*I acknowledge that all statements on this application are true to the best of my knowledge. As a student of City Seminary of Sacramento, I will at all times conduct myself as a Christian, faithfully and diligently apply myself to the studies as required by the Seminary curriculum, carefully observe the rules and regulations as set forth by the Seminary and its faculty, and submit to the authority of the faculty and administration, all to the glory of my God and Saviour, Jesus Christ.*

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

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### APPLICANT'S CHECKLIST

- All questions answered?
- Request for Academic Transcript mailed to all previous colleges attended?
- Pastoral reference form, in a sealed envelope, enclosed or mailed to City Seminary directly by reference?
- Two non-family member reference forms, in a sealed envelope, enclosed or mailed to City Seminary directly by references?
- Completed essay questions?
- Signed application?

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Sacramento

## REQUEST FOR ACADEMIC TRANSCRIPT

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**APPLICANT:** Please photocopy this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended since high school where you have complete at least 12 semester hours.

**NOTE:** Some schools charge a small fee to send transcripts and need a written request. Contact the registrar's office at the school to find out how much they charge.

To:

\_\_\_\_\_

Register

\_\_\_\_\_

Name of Institution

\_\_\_\_\_

Address of Institution

\_\_\_\_\_

\_\_\_\_\_

Registrar: Please send a copy of my academic transcript to City Seminary of Sacramento:

Admissions  
City Seminary of Sacramento  
2020 Sixteenth Avenue  
Sacramento, CA 95822

\_\_\_\_\_

Name by which I attended your school

\_\_\_\_\_

Applicant's name (printed)

\_\_\_\_\_

Years of attendance

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Degree(s) earned

\_\_\_\_\_

Applicant's address

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Date of birth

\_\_\_\_\_

Daytime phone number

# City Seminary

Sacramento

## PASTORAL REFERENCE

### This section to be filled out by applicant

Name of applicant \_\_\_\_\_  
Last (Family) First Middle

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

Birth Date \_\_\_\_\_

TO THE APPLICANT: I understand this letter of evaluation is to be received and maintained in confidence by City Seminary of Sacramento, for admission and consideration for graduate studies. I hereby expressly waive any and all right I have of access to this evaluation under the Family Education Rights and Privacy Acts of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the right I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this statement.  I do not agree to waive access to this statement.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### This section to be filled out by reference

The individual named above has applied for admission to City Seminary of Sacramento, and has requested that you give an evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed below.

City Seminary of Sacramento, is a graduate school that strives to equip men for the Gospel ministry. Each applicant is evaluated from several perspectives before final admission is granted. As part of the review process we take seriously evaluations from pastors, teachers and friends regarding the Christian experience, personal character and ministerial fitness of the applicant.

Mail or deliver to the applicant or to City Seminary of Sacramento **in a sealed envelope** the completed evaluation form. Please be sure to sign the form. Thank you for your help.

Name of Pastor \_\_\_\_\_  
Last (Family) First Middle

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

Phone \_\_\_\_\_  
Office Home

Address: 2020 Sixteenth Avenue, Sacramento, CA 95822

Phone/Fax: 916.451.4168

E-mail: [admissions@cityseminary.org](mailto:admissions@cityseminary.org)

Web: [www.cityseminary.org](http://www.cityseminary.org)

# 1. ASSESSMENT

Please check which of the following descriptions apply to the candidate. Check "unknown" if you are unable to judge.

	Inadequate	Adequate	Strong	Outstanding	Unknown
Relationship to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to spouse/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to church body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to unbelievers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 2. PERSONAL EVALUATION

(If necessary, please use a separate sheet of paper to answer the following questions)

How well do you know the applicant?  Very well  Rather well  Casually  Not well

How long have you know the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

If the applicant is married, how would you evaluate his/her marriage? \_\_\_\_\_

What do you believe to be the applicant's motivation in applying to City Seminary of Sacramento? \_\_\_\_\_

How would you rate the applicant's potential success in Christian ministry?  Very good  Good  Fair  Poor

Do you have any reason to doubt the applicant's personal integrity? If so, please explain. \_\_\_\_\_

What might be the main hindrances to the applicant's time of study in seminary and why? \_\_\_\_\_

Please list any and all reservations you have concerning the applicant \_\_\_\_\_

# 3. RECOMMENDATION

Would you:  Recommend with enthusiasm  Recommend  Recommend with reservations  Do not recommend

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

Thank you for your help. Please mail complete form in a **sealed** envelope back to the applicant or City Seminary of Sacramento.

# City Seminary

Sacramento

## REFERENCE FORM

### This section to be filled out by applicant

Name of applicant \_\_\_\_\_  
Last (Family) First Middle

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

Birth Date \_\_\_\_\_

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Name \_\_\_\_\_  
Last (Family) First Middle

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

Phone \_\_\_\_\_  
Office Home

Address: 2020 Sixteenth Avenue, Sacramento, CA 95822

Phone/Fax: 916.451.4168

E-mail: admissions@cityseminary.org

Web: www.cityseminary.org

# 1. ASSESSMENT

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	Inadequate	Adequate	Strong	Outstanding	Unknown
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Relationship to spouse/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to church body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to unbelievers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 2. PERSONAL EVALUATION

(If necessary, please use a separate sheet of paper to answer the following questions)

How well do you know the applicant?  Very well  Rather well  Casually  Not well

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In what capacity (employer, teacher, friend)? \_\_\_\_\_

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What do you believe to be the applicant's motivation in applying to City Seminary of Sacramento? \_\_\_\_\_

How would you rate the applicant's potential success in Christian ministry?  Very good  Good  Fair  Poor

Do you have any reason to doubt the applicant's personal integrity? If so, please explain. \_\_\_\_\_

What might be the main hindrances to the applicant's time of study in seminary and why? \_\_\_\_\_

Please list any and all reservations you have concerning the applicant \_\_\_\_\_

# 3. RECOMMENDATION

Would you:  Recommend with enthusiasm  Recommend  Recommend with reservations  Do not recommend

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your help. Please mail complete form in a **sealed** envelope back to the applicant or to City Seminary.

# City Seminary

Sacramento

## REFERENCE FORM

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Last (Family) First Middle

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

Birth Date \_\_\_\_\_

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Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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