

# Application for Admission

## Sangre de Cristo Seminary

### Sangre de Cristo School for Biblical Studies



#### I. PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Email \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male Female

Evening Phone ( ) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

#### Marital & Family Information

\_\_\_ Single Spouse's name \_\_\_\_\_  
\_\_\_ Married Names and ages of children \_\_\_\_\_

In an emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

#### II. ACADEMIC PROGRAM

\_\_\_ Full-Time Student: Planning to earn a: \_\_\_ Master of Divinity; \_\_\_ Master of Arts in Exegetical Theology; \_\_\_ Diploma

\_\_\_ Special Student: Part-time for: \_\_\_ A semester; \_\_\_ One or more classes.

When do you plan to enroll? (Month/ Day/ Year) \_\_\_\_\_

Special Students: What course(s) do you plan to take: \_\_\_\_\_

#### III. EDUCATIONAL INFORMATION

High school name \_\_\_\_\_ Date of graduation \_\_\_\_\_

List post-high school institutions where at least one course was taken for credit:

School	State	Dates attended	Degree	Date awarded/expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Degree seeking students are responsible for requesting that post-high school institutions listed above send an official transcript of academic work to Sangre de Cristo Seminary.

#### IV. CHURCH INFORMATION

Present church attending \_\_\_\_\_  
Name Address

Specific denominational affiliation of this church \_\_\_\_\_

**V. EXPERIENCE**

Present position \_\_\_\_\_

Previous ministry appointments or other employment \_\_\_\_\_

**VI. AUTOBIOGRAPHICAL SKETCH**

In an essay, describe the major influences in your life, e.g. family, schools, friends, literature, activities, and relation to God, Christ and His Church. Describe your experience in ministry and Christian service. State the purpose for which you seek seminary training. This essay should be typed and approximately 500-600 words.

**VII. FINANCIAL AID** (Full-time students only)

Do you plan to apply for the Ministry Tuition Scholarship? \_\_\_ No \_\_\_ Yes

**VIII. RECOMMENDATIONS** (Full-time students only)

List the names, addresses and phone numbers of three references as indicated. With this application are two recommendation forms. Instruct each reference to complete the form and send it directly to Sangre de Cristo Seminary.

1. \_\_\_\_\_ Address \_\_\_\_\_  
Name: Pastor or Church official Title \_\_\_\_\_  
Phone \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_  
Name: An individual of your choosing Position \_\_\_\_\_  
Phone \_\_\_\_\_

3. \_\_\_\_\_ Address \_\_\_\_\_  
Name: An individual of your choosing Position \_\_\_\_\_  
Phone \_\_\_\_\_

**Professing the Christian faith as expressed in the Apostles' Creed and willing to test every issue of faith and life by the Scriptures, and having read and understood the doctrinal statement of this school as stated in the current catalog, and agreeing to respect that doctrinal position, I do hereby enclose my registration fee of \$25.00 and apply for admission to this school.**

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

Sangre de Cristo Seminary will admit or permit the use of facilities or privileges to any student without discrimination in any way on the basis of sex, race or ethnic background.

Since the Scriptural, doctrinal and ethical standards of this school would be compromised by admission of students whose sexual orientation is directed toward members of their own gender, the School discourages application for admission to anyone embracing homosexual orientation. Application for admission from someone with such orientation may be considered following an interview with the Core-Faculty, repentance before God and forsaking such life style.

If you have any questions, please call Sangre de Cristo Seminary at 719-783-2447 or 719-371-1822 or e-mail: **Andrew.Zeller@SDCSeminary.org**

**Return Completed Application to:**  
Sangre de Cristo Seminary  
6160 County Road #130  
Westcliffe, Colorado 81252