Heidelberg Theological Seminary
7301 S. Louise Ave.
Sioux Falls, SD 57108
Ph. 605-595-5850
Registrar: Prof. Travis Grassmid
Ph. 605-760-0167

Application Form

Application Enrollment Type:

- ❑ Master of Divinity
- ❑ Part Time Student - Master of Divinity
- ❑ Certificate Program
- ❑ Course Audit

Enrollment Intent Date

YEAR _____ ❑ Fall ❑ Winter Interim ❑ Spring ❑ Other _____

Personal Information

Family Information

Name (Last, First, Middle) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Country of Citizenship _____

Did you grow-up in a covenant home? ❑ Yes ❑ No

Have you ever been convicted of a crime or felony? ❑ Yes ❑ No

If yes, please explain:

Family Information

Marital Status ❑ Single ❑ Married ❑ Widowed ❑ Separated ❑ Divorced ❑ Re-Married

Nearest Living Relative (parents, spouse, etc)

Name (Last, Middle, First) _____ Relationship _____

Street Address _____ City/State/Zip _____

Mail completed application to:

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Home Phone _____ Mobile Phone _____ Email _____
Wife's Name _____ Date of Marriage _____
Children's Names and Ages _____
_____

Employment History

Present Occupation

Company_____ Length of Employment _____
Street Address _____ City/State/Zip _____
Position and Responsibility _____

Prior Work Experience

Company _____ Year & Length of Employment _____
Position and Responsibility _____
Company _____ Year & Length of Employment _____
Position and Responsibility _____
Company _____ Year & Length of Employment _____
Position and Responsibility _____

Miscellaneous _____
_____

Church Affiliation

Denomination _____Congregation _____
Street Address _____City/State/Zip _____
Minister's Name _____ Telephone _____
Date of Baptism _____ Years of Membership _____
Are you familiar with Covenant Theology? ❑ Yes ❑ No
Other prior church memberships _____
_____
Miscellaneous _____
_____

Academic Background

Elementary

School _____
Location _____ Date of Graduation _____

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Secondary

School _____

Location _____ Date of Graduation _____

Post-Secondary

School _____

Location _____ Date of Graduation _____

Major / Degree _____

Graduate

School _____

Location _____ Date of Graduation _____

Major / Degree _____

Degree Date _____

Special honors or awards _____

Miscellaneous _____

_____

Prior Seminary Education

Seminary _____

Type of Student (M. Div., Part Time, Audit) _____

Location (City/State) _____ Years of Study _____

Church Service Goal _____

_____

Financial

Please identify the sources of your financial support while attending seminary (check as many as apply)

❑ Prior Savings ❑ Part Time Work ❑ Loan ❑ Family ❑ Spouse's Work

❑ Church Aid ❑ Scholarship ❑ Financial Aid ❑ Other (Specify) _____

Is your financial basis sound at this time? ❑ Yes ❑ No ❑ Not Certain

Please explain any delinquencies in debt repayment:

_____

_____

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If financial aid will be required, indicate purpose, amount and frequency _____

_____

Miscellaneous

Applicants Statement of Health (Please provide a brief statement of physical & emotional health, including past medical history, surgeries and emotional illness if applicable) _____

_____

_____

Do you have any medical conditions that may affect your studies? ❑ Yes ❑ No

If yes, please explain:

Does your spouse support you in your decision to purse seminary training? ❑ Yes ❑ Yes, with reservation ❑ No
If response is "Yes, with reservation" or "No", please explain: _____

_____

_____

Statement of Compliance

I declare that all statements on this application are true to the best of my knowledge. I have read the catalog statements and

1) *understand the purposes and regulations for education at Heidelberg Theological Seminary*
2) *hereby willingly agree to conduct myself as a Christian, faithfully & diligently apply myself to the studies as required by the curriculum and*
3) *in harmony to these principles and regulations cheerfully comply with the advice of the Professors of the Seminary while I am a student there.*

Applicant's Signature _____ Date _____

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Application Submission Requirements

Application Completion Checklist

- ❑ Copy of academic transcripts
- ❑ Personal Autobiography of 300-800 words
- ❑ Separate recommendations from pastor and church council (consistory or session) - duplicate page 6
- ❑ Two personal assessments from fellow Christians who know you well - duplicate page 6
- ❑ Your performance as a seminary student (if applicable)
- ❑ A non-refundable $30 application fee, in U.S. funds
- ❑ All application questions and checklist completed
- ❑ Mail all application with application fee

Mail completed application to:

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Personal Autobiography

Name (Last, First, Middle) _____

Instructions: Write a 300-800 word autobiography. Include this form with your application.

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Ecclesiastical Recommendations

Questions to be answered for ecclesiastical recommendations of students
(Additional sheets can be added if you wish)

Recommendation for: _____

Name of Person or body making recommendation: _____

How well do you know the applicant? ❑ Well ❑ Rather Well ❑ Casually ❑ Not Well

How long have you known this applicant? _____

Areas of evaluation:

Personal integrity and character

Personal Christian faith and life

Orthodoxy in Christian doctrine

Suitability for Christian ministry (especially with respect to the qualifications listed in 1 Timothy 3)

Academic ability to handle seminary level work

Recommendation: ❑ Enthusiastically Recommend ❑ Recommend
❑ Recommend with Reservation ❑ Do Not Recommend

Please mail response directly to:

Registrar
Heidelberg Theological Seminary
7301 S. Louise Ave.
Sioux Falls, SD 57108

Applicant: Please photocopy this form and use for Ecclesiastical recommendation requests for completion.

Mail completed application to:

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Academic Transcript Request Form

To: _____

Registrar

_____

Institution Name

_____

Institution Address

_____

_____

Note: Schools may charge a small fee to send transcripts and need a written request. Contact teh Registrar's office at the school to determine how much they charge.

Registrar: Please send a copy of my academic transcript to Heidelberg Theological Seminary:

Registrar
Heidelberg Theological Seminary
7301 S. Louise Ave.
Sioux Falls, SD 57108

My Enrollment Name	Applicant's Name (Printed)
Years Attended	Applicant's Signature
Degree(s) Earned	Applicant's Address
Social Security Number	City/State/Zip
Date of Birth	Daytime Phone Number

Applicant: Please photocopy this form, complete it (including signature) and send to college, university, seminary, or other learning institution you attended after high school.

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