



Virginia University Of Lynchburg - Virginia Seminary School of Religion  
2058 Garfield Avenue, Lynchburg, VA 24501-6417 - Phone: (434) 528-5276 Fax: (434) 528-4257

### Certificate of Ministry Program - Admission Application

Please Check: Fall 20\_\_\_ Spring 20\_\_\_ Full Time \_\_\_ Part Time: \_\_\_ Day \_\_\_ Evening \_\_\_  
(Please type or print) SS# \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

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

City/State/Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Phone No: (RES)(\_\_\_\_\_) Phone No: (BUS)(\_\_\_\_\_) CELL: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Visa Status/Country \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_ Occupation of Spouse: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Dates of Birth: \_\_\_\_\_

#### Academic Record (List institutions previously attended)

<u>Name</u>	<u>Location</u>	<u>Dates attended</u>	<u>Degree Rec'd</u>	<u>Year</u>
_____	_____	_____	_____	_____
(College/University)				
_____	_____	_____	_____	_____
(College/University)				
_____	_____	_____	_____	_____
(College/University)				
_____	_____	_____	_____	_____
(College/University)				

What was your major? Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

What academic honors/awards have you received?

Have you ever been dismissed from or are you currently on probation from any other school?

Yes  No (If yes, please provide amplifying information with your application in written form)  
(Check Appropriate Block)

Present Church Membership: \_\_\_\_\_

Church Address: \_\_\_\_\_

Denomination (Be Specific): \_\_\_\_\_

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Name of Pastor (include address & Phone No.): \_\_\_\_\_

Are you? Licensed: \_\_\_\_ Licensed date: \_\_\_/\_\_\_/\_\_\_      Ordained: \_\_\_\_ Ordination date: \_\_\_/\_\_\_/\_\_\_

Specify what experiences you have had in church work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate the type of religious work in which you are most interested: \_\_\_\_\_

\_\_\_\_\_

Present Occupation/Employer: \_\_\_\_\_ / \_\_\_\_\_

Employment Experiences (Use additional plain sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Involvement (Include volunteer experiences): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names & full addresses of individuals who will serve as references on separate sheet of paper and enclose with this application. (References should include your Pastor, College Professor in your field and two other acquaintances.)

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Address) (Phone)

In addition to the above, please contact your previous schools and have copies of your Undergraduate, Graduate, and Seminary Transcripts sent directly to the School of Religion at Virginia University of Lynchburg.

### SEND WITH THIS APPLICATION:

1. A non-refundable application fee of \$25.00
2. Medical History Form (Full-time day only)

Please check here if a dormitory room will be required: \_\_\_\_\_

I certify that all the information I have given in this application is complete and accurate to the best of my knowledge, and if admitted, I agree to observe all the rules and regulations of Virginia University of Lynchburg.

(Signature) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

As a matter of policy, Virginia University of Lynchburg does not discriminate among applicants or participants based on race, sex, color, religion, nationality, origin, age, disability or veteran status.

Submit to: Office of Admissions, Virginia University of Lynchburg (address at top of form).