

# **Application Form**Master of Arts in Religion

#### Instructions

Please complete *all* sections in the application form, typed or printed neatly and scanned. The completed form, along with all supporting documents, must be e-mailed to: *admissions@solasseminary.com*.

The Pastoral and Personal Reference Forms must be completed, typed or printed neatly and scanned, and e-mailed directly to *admissions@solasseminary.com*. Please ensure that the applicant's full name is mentioned on the form and in the e-mail subject line *exactly* as it is on this application form.

### **Section I: Personal Information**

First Name(s):				
Last Name:				
Preferred Name:			Gender:	
Date of Birth:		Citizensh	ip:	
Current Address:				
Permanent Address:				
Email:			Phone:	
Emergency	Contact			
Name:			Phone:	
Relationship:		Email:		

## Section II: Family & Background

Marital Status:	Children:			
Names of Spouse & Children (if applicable):				
Is your family in a	greement with your desire to study?	☐ No		
Are your church e	elders in agreement with your desire to study?	☐ No		
Do you agree with our statement of faith?				
What are your pla	ans for the future with a Solas degree, if any?			
Section III:	Academics			
	following information for the institution from which you obtained			
Please fill out the	following information for the institution from which you obtained			
Please fill out the your <u>high school o</u> Name:	following information for the institution from which you obtained			
Please fill out the your <u>high school</u> c	following information for the institution from which you obtained			
Please fill out the your <u>high school o</u> Name:	following information for the institution from which you obtained			
Please fill out the your <u>high school o</u> Name: City & State:	following information for the institution from which you obtained			
Please fill out the your <u>high school o</u> Name: City & State: Year Graduated:	following information for the institution from which you obtained certificate:  following information for the institution from which you obtained			
Please fill out the your <u>high school or</u> Name: City & State: Year Graduated: Please fill out the	following information for the institution from which you obtained certificate:  following information for the institution from which you obtained			
Please fill out the your <u>high school or high schoo</u>	following information for the institution from which you obtained certificate:  following information for the institution from which you obtained			
Please fill out the your high school of Name: City & State: Year Graduated: Please fill out the your bachelors de Name:	following information for the institution from which you obtained certificate:  following information for the institution from which you obtained			

any	ase fill out the follow other educational qu	ing informa <i>ıalification</i> *:	ition for the in	stitution from which yo	ou obtained		
Nar	ne:						
City	& State:						
Dec Obt	gree ained:						
Yea	r Graduated:						
* <u>Please note</u> : attested copies for <i>each</i> of the certificates mentioned above must be included in your application.							
Ot	her Languages	Studied					
i.				Years of Study:			
ii.				Years of Study:			
iii.				Years of Study:			
iv.				Years of Study:			
Plea the	most recent first.	•		st and present work exp	perience, beginning with		
Plea	ase complete the fol	•		st and present work exp	perience, beginning with		
Plea the	ase complete the fol most recent first.	•		st and present work exp	perience, beginning with		
Plea the	ase complete the fol most recent first.	•		st and present work exp	perience, beginning with		
Plea the	ase complete the folmost recent first.  Title:  Company:	lowing sec	ion for all pas		perience, beginning with		
Plea the	ase complete the folmost recent first.  Title:  Company:  Start Date:	lowing sec	ion for all pas		perience, beginning with		
Pleathe	ase complete the folmost recent first.  Title:  Company:  Start Date:  Reason for end of 6	lowing sec	ion for all pas		perience, beginning with		
Pleathe	ase complete the folmost recent first.  Title:  Company:  Start Date:  Reason for end of a	lowing sec	ion for all pas		perience, beginning with		

3.	Title:						
	Company:						
	company.						
	Start Date:				End Date		
	Reason for e	end of emp	loyment:				
4.	Title:						
	Company:						
	Start Date:				End Date	:	
	Reason for e	end of emp	loyment:				
Sec	ction V:	Church	Back	ground			
Plea	se fill out the	following ir	nformation	for your curi	rent memb	pership:	
Nam	ne & City of Ch	nurch:					
Pres	bytery/Assoc	ciations:					
Deno	omination:					Years in Attendance:	
Dloo	se fill out the	following in	formation	for any prov	ious mom	oorshin:	
		_	IIOITTALIOTT	ior arry prev	ious mem	bership.	
Nam	ne & City of Ch	nurch:	•••••		•••••		
Pres	bytery/Assoc	ciations:					
Den	omination:					Years in Attendance:	
Plea	se fill out the	following ir	nformation	for any prev	ious mem	oership:	
Nam	ne & City of Ch	nurch:			•••••		
Pres	bytery/Assoc	ciations:					
Deno	omination:					Years in Attendance:	

#### Section VI: References

Please ensure that the information provided below matches that of the references provided. <u>Pastoral</u> First Name(s): Reference: Last Name: Church: Email: Phone: <u>Personal</u> First Name(s): Last Name: Relationship: Email: Phone: Section VI: Personal Statement Please use the space below to share your testimony and personal statement of faith.

Please use this section to indicate a complete list of supporting sent in addition to this form:	documents to be
Attested copy of High School certificate	
Attested copy of Bachelor's Degree certificate	
Attested copy of additional educational certificates (if applicable	e)
Pastoral Reference Form	
Personal Reference Form	
Declaration:  By submitting this application, I confirm that the information provided is accurate, truthful and complete.	
	Signature