

# Application for Admission

2012-2013

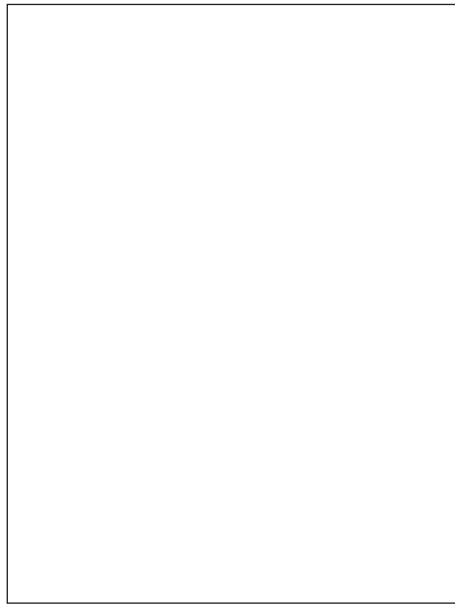


801 Seminary Place  
St. Louis, Missouri 63105  
314-505-7222  
800-822-9545  
[www.csl.edu](http://www.csl.edu)  
[admissions@csl.edu](mailto:admissions@csl.edu)



## MISSION STATEMENT

Concordia Seminary serves Church and world by providing theological education and leadership centered in the Gospel of our Lord Jesus Christ for the formation of pastors, missionaries, and leaders in the name of The Lutheran Church—Missouri Synod.



Please attach a ***recent photograph*** to fit the above dimension.

## **TO THE APPLICANT:**

Please provide full information and return the form to the Office of Admission.

You are responsible to submit, or to request to be submitted, the documents for your applicant file. You can submit these anytime between May 1, 2011, and March 31, 2012. Ordinarily, the Admissions Committee will delay making an admission decision until an applicant file is complete.

The following documents complete an applicant file:

- Application for Admission
- Receipt showing payment of the \$50 application fee
- Original/Final transcript(s) of undergraduate and graduate credit from **all** colleges/universities/seminaries attended
- Letter of evaluation and recommendation written by the senior pastor of the congregation where you currently are a communicant member
- A complete "Interview Report Form" submitted by the district president of the synodical district where you hold communicant membership
- Resident Field Education Application
- A background check conducted by Protect My Ministry (see checklist for admission)
- A recent photograph
- Letter of evaluation and recommendation written by the president of the synodical college or university attended for those who have attended CUS schools
- Master of Divinity Program only  
Scores of the Graduate Record Examination (General Test)
- International applicants only  
Scores of the TOEFL (Test of English as a Foreign Language)
- Certificate (Alternate Route) Program only
  1. A written statement of endorsement from the district president of the synodical district in which you hold communicant membership
  2. A completed listing of the positions held as a commissioned minister or layman in LCMS congregations (form enclosed)

**ALL OF THESE ITEMS MUST BE SUBMITTED TO THE ADMISSIONS OFFICE BY MARCH 31 TO GUARANTEE CONSIDERATION FOR THE UPCOMING ACADEMIC YEAR**

You may type your responses or write them in blue or black ink on the application form. If you prefer, you may type or computer-print them on numbered pages attached to the application, following the format of this form. Sign your name at the designated place. You are a registered applicant when you have returned this form, complete and signed, with a check or money order for the application fee. **Keep a copy for your own records.**

## PERSONAL INFORMATION

NAME: \_\_\_\_\_

Last

First

Middle

PRESENT MAILING ADDRESS: \_\_\_\_\_

Number

Street/Route

Box/Apartment

City

State

Zip Code

TELEPHONE: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ May we call you at work? Y / N (Circle one)

E-MAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

(If different from above)

Number

Street/Route

Box/Apartment

City

State

Zip Code

EMERGENCY CONTACT: \_\_\_\_\_

Name

Street/Route

City

State

Zip Code

Phone number

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

IF NOT U.S. CITIZEN, IMMIGRATION STATUS: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

City

State

## CHURCH MEMBERSHIP INFORMATION

Date and place of Holy Baptism:

Month/Year

Name of Congregation

Location

Date and place where you became a communicant member of a congregation of The Lutheran Church—Missouri Synod:

Month/Year

Name of Congregation

Location

Name and location of current Lutheran Church—Missouri Synod congregation membership:

Name of Congregation

Street/Route

City/State

Zip

Synodical District membership of the congregation: \_\_\_\_\_

Senior Pastor's Name/Address:

Name

City/State

Phone number

If not LCMS, church membership: \_\_\_\_\_

# EDUCATION, EMPLOYMENT AND FINANCES

College/University granting your Bachelor's Degree:

Name	City/State	Month/Year	Type of Degree
------	------------	------------	----------------

List the other schools at which you have enrolled since high school graduation:

Name	Location	Dates Attended	Degree Earned

List the other seminaries to which you have ever applied for admission:

Name	Location	Year

List the other seminaries at which you have ever enrolled:

Name	Location	Year

What was your goal and purpose in enrolling at those seminaries?

\_\_\_\_\_

\_\_\_\_\_

Have you ever been refused admission to, suspended by, or dismissed from a college, university, or seminary?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a separate statement of explanation.

Have you previously applied for admission to Concordia Seminary? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? Year \_\_\_\_\_

Please give a resumé of your employment history, listing the names and firms, types of position held, and years of employment dating back to attendance in college. You may attach a current resumé.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the following information:

Please list all debts:	Balance Due	Monthly Payments	Past Due (if any)
Student loans	_____	_____	_____
Wife/fiancee's student loans	_____	_____	_____
Automobile loan	_____	_____	_____
Charge Cards (ie: Visa, MC, etc.)	_____	_____	_____
Bank or Credit Union Loans	_____	_____	_____
Other (specify) _____	_____	_____	_____
Total	_____	_____	_____
Mortgage	_____	_____	_____

Are you in arrears or default on any of these loans? \_\_\_\_\_

Are the student loans in repayment status? \_\_\_\_\_

Have you ever had to file for bankruptcy? \_\_\_\_\_

Please describe your specific plan to finance your expenses while at the Seminary.

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

## MARITAL INFORMATION

MARITAL STATUS: (check all that apply)

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

If married, date and place of marriage: \_\_\_\_\_

If not presently married, do you expect to be married before enrolling at Concordia Seminary? \_\_\_\_\_

If yes, date and place of marriage: \_\_\_\_\_

Is your wife or fiancée currently a communicant member of a congregation of The Lutheran Church—Missouri Synod?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name and location of the congregation: \_\_\_\_\_

If not, will she be a member of a congregation of The Lutheran Church—Missouri Synod by the time of your enrollment in Seminary course work? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Wife or Fiancée's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Full name(s) of child(ren): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

If a blended family, list all children living with you full-time. (Name(s), birthdate, sex)

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

Are there children living with you part-time in a shared/joint custody? If yes, name(s), birthdate, sex.

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

Do you have children of whom you do not have custody? If yes, name(s), birthdate, sex.

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

Please provide, as applicable, a complete marital history for the time up to the expected date of first-time enrollment. Comment also on the marital history of your wife or fiancée, and on the religious affiliation of any dependent children. Give appropriate dates (month and year).

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

Does your wife or children have any special needs of which we should be aware to best serve you?

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

For the wife/fiancée of a married/engaged applicant- You are an important partner in your husband's aspiration to the pastoral ministry and, if your husband enters Concordia Seminary, you will become an important part of the Seminary community. Please describe in the space below (add additional pages if necessary) your thoughts and feelings about your husband's application to Concordia Seminary. What excites you about the possibilities? What concerns you?

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

Wife/fiancée's Signature \_\_\_\_\_ Date \_\_\_\_\_

# AUTOBIOGRAPHICAL STATEMENT

Please answer the following questions so that we may become better acquainted with you. You may write or type your responses in the spaces provided, or you may type or computer-print them on numbered pages attached to the application using the format below.

1. Why have you chosen to attend Concordia Seminary, St. Louis, for your theological education?

---

---

---

2. In this section, please write statements that focus primarily on the understandings, influences, and formative experiences that you believe have shaped you as a person and your spiritual life, and have resulted in your decision to prepare for the pastoral office of The Lutheran Church—Missouri Synod. Use additional space as needed.

A. Your family background:

---

---

---

---

---

---

---

B. Your church background and experiences in the life (worship and programs) of the church:

---

---

---

---

---

---

---

C. Which individual(s) has given you the most encouragement and support in your desire to prepare for the pastoral office?

Pastor                       Father                       Mother                       Spouse/fiancee

Friends (Laymen)       Seminary Student/Vicar       DCE

Teacher:     Professor               Elementary Education       Lutheran High School  
 Sunday School       Public

Grandfather               Grandmother               Other \_\_\_\_\_

D. Which experiences have given you encouragement and support in your desire to prepare for the pastoral office? Be specific.

---

---

---

---

E. Which personal values and strengths do you believe you offer for service in the pastoral office?

---

---

---

---

F. What are some areas of needed or desired growth that you observe in yourself?

---

---

---

---

3. Do you have any personal or physical limitations or handicaps, learning disabilities, or other special needs that could be a matter of special consideration for the classroom, for receiving an assignment to a field education position or a vicarage, or for a placement into the pastoral ministry at graduation?

---

---

---

---

4. Please answer “Yes” or “No” or “N/A” to each of the questions in the following section. **Please respond to every question.** If you answer “Yes” to any of the questions, state on an accompanying and numbered sheet the details (e.g. dates, location, individual, organizations) that will clarify and explain your answer.

A. Have you ever been accused (whether or not charged) by any person or entity of a crime or \*non-criminal violation involving dishonesty, including, but not limited to: perjury, theft, fraud, tax evasion, plagiarism, embezzlement, or larceny? \_\_\_\_\_ Did any charge or conviction result from such an accusation? \_\_\_\_\_ Have you ever engaged in a dishonest act that possibly could be considered a crime or \*non-criminal violation? \_\_\_\_\_

B. Have you ever been accused (whether or not charged) by any person or entity of a sex crime or \*non-criminal violation, including, but not limited to: possession or distribution of pornography, child molestation, rape, statutory rape, attempted rape, prostitution, indecent exposure, sexual abuse, soliciting a prostitute, stalking or sexual harassment? \_\_\_\_\_ Did any charge or conviction result from such an accusation? \_\_\_\_\_ Have you ever engaged in a sexual act that possibly could be considered a crime or \*non-criminal violation? \_\_\_\_\_

C. Have you ever been accused (whether or not charged) by any person or entity of any crime or \*non-criminal violation involving improper or dishonorable conduct, including, but not limited to: bribery, driving while intoxicated, driving under the influence, child abuse or neglect, selling, purchasing or possessing an illegal substance, assault, domestic violence, or threat of bodily harm? \_\_\_\_\_ Did any charge or conviction result from such an accusation? \_\_\_\_\_ Have you ever engaged in improper or dishonorable conduct that possibly could be considered a crime or \*non-criminal violation? \_\_\_\_\_

*\*Commission of an intentional act of misconduct, when the offense is serious enough that it could have resulted in a lawsuit, sanction or discipline, but not serious enough that it could have resulted in a criminal charge.*

- D. Have you ever engaged in pre-marital or extra-marital sex? \_\_\_\_\_ Did this affair result in a pregnancy? \_\_\_\_\_ Have you ever been party to an abortion, with or without your consent? \_\_\_\_\_
- E. Have you ever engaged in a homosexual act? \_\_\_\_\_ Are you (or have you been evaluated by a physician, psychiatrist, psychologist or other qualified professional as being) an active or latent homosexual, bisexual, transvestite, pedophile, exhibitionist, or voyeur? \_\_\_\_\_ Do you have a gender identity disorder or other sexual behavior disorder? \_\_\_\_\_
- F. Are you an alcoholic? \_\_\_\_\_ Have you received or are you receiving treatment? \_\_\_\_\_ Have you achieved sobriety? \_\_\_\_\_ If so, how long? \_\_\_\_\_
- G. Have you used illegal drugs or abused legal drugs? \_\_\_\_\_ If yes, please advise when you last used, and what treatment you received to achieve sobriety.
- H. Have you been accused, suspended, disqualified from a profession or organization, or had disciplinary or ouster proceedings initiated against you as a member of any profession or organization? \_\_\_\_\_
- I. Are you or have you been a party, as defendant or plaintiff, to any legal action, either civil or criminal? \_\_\_\_\_ Are any provisions of a court order or judgment currently in force as a result of any legal action, civil or criminal? \_\_\_\_\_
- J. Have you been arrested for, charged with, or convicted of a felony? \_\_\_\_\_ Subpoenaed or requested to appear before any legal proceedings or investigating agency? \_\_\_\_\_
- K. Have you been dismissed or asked to resign from any employment position you have held? \_\_\_\_\_
- L. Are you aware of anything else in your personal background that you believe may call into question your fitness (Please see 1 Timothy 3 and Titus 1) for the pastoral ministry of The Lutheran Church—Missouri Synod? \_\_\_\_\_
5. A. Do you have a mental illness? \_\_\_\_\_ If yes, what illness do you have, and when were you diagnosed? \_\_\_\_\_ Are you currently or have you been under the care of a physician or psychiatrist for this illness? \_\_\_\_\_
- B. Are you or have you been under guardianship, declared a ward of the court, or declared incompetent because of mental illness, or committed, confirmed, or treated in any institution for mental illness? \_\_\_\_\_
- C. Have you been counseled, whether or not in an institution, by a therapist, psychiatrist, psychologist, or psychoanalyst? \_\_\_\_\_

Concordia Seminary, a seminary of The Lutheran Church—Missouri Synod, is charged with determining whether students are fit for service as ministers in the Synod. Determination as to fitness for the ministry is made on the basis of all information available to Concordia Seminary, including the information in this application.

Enrollment at Concordia Seminary, St. Louis, is a privilege and is subject at all times to termination or suspension by action of the Dean of Ministerial Formation or the faculty. Such action may be based upon failure by the student to meet and maintain academic standards prescribed by the faculty or upon conduct on the part of the student that the Dean of Ministerial Formation or faculty determines is inconsistent with or detracts from the spiritual, moral, and social character that the faculty and Board of Regents desire for the Seminary community.

The provision of information by a student, at the time of application or while in residence, that is inaccurate or misleading shall be considered grounds for dismissal.

Termination or suspension for academic reasons will be determined by the academic dean in consultation with the director of academic programming. In cases of termination or suspension for reasons other than academic, the student may appeal in writing through the office of the president to the faculty within ten days for consideration at the next regular meeting of the faculty.

If no understanding is reached, the student, or the student together with any interested faculty member, may appeal to the president of the Seminary for his decision. His decision will be conclusive and final.

The president, if he desires, may appoint a reviewing committee of faculty members not previously involved with the case. They will bring their findings to the faculty for review and decision. The decision of the faculty will be conclusive and final.

Any student applying for admission to Concordia Seminary shall be deemed to have read and understood the terms of this notice and, if accepted, will be subject to its terms.

I herewith make application for admission to the (check one):

Master of Divinity Degree Program

Certificate Program (Alternate Route to the Pastoral Ministry Program)

of Concordia Seminary, St. Louis, Missouri. The information in this application is true, accurate, and complete to the best of my knowledge. In signing this application, I state that I shall endeavor to meet the academic and financial responsibilities and other obligations of Seminary attendance and to apply myself diligently to the study of theology in preparation for the pastoral ministry in The Lutheran Church—Missouri Synod.

Signed: \_\_\_\_\_

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

Intended Term of Enrollment: \_\_\_\_\_

Academic Quarter

Academic Year

*Note: Concordia Seminary will not provide access to information and material contained in an applicant's file to the applicant or to anyone other than officials of Concordia Seminary-St. Louis, or Concordia Theological Seminary-Ft. Wayne. Once an applicant is admitted and attends courses at Concordia Seminary to earn credit in the program in which he originally made application, he is entitled to all the rights and privileges to inspect and review his education records granted him in the Family Educational Rights and Privacy Act (FERPA).*

