Application for Admission

2013–2014

Master of Arts in Deaconess Studies

Concordia Seminary
801 Seminary Place
St. Louis, Missouri 63105
800-822-9545
www.csl.edu
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, deaconesses, scholars, and leaders in the name of The Lutheran Church—Missouri Synod.

Please attach a recent color photograph.
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, 2012, and March 31, 2013. 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
- International applicants only
  - Scores of the TOEFL (Test of English as a Foreign Language)
- Scores of the GRE

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 and 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

**Legal Name:**
- Last: ______________________________________________________________________
- First: ____________________________________________________________________
- Middle: __________________________________________________________________
- Nickname: __________________________________________________________________

**Present Mailing Address:**
- Number: __________________________________________________________________
- Street/Route: __________________________________________________________________
- Box/Apartment: __________________________________________________________________
- City: __________________________________________________________________
- State: __________________________________________________________________
- ZIP: __________________________________________________________________

**Telephone:**
- Home: (_____ ) __________________________________________________________________
- Work: (_____ ) __________________________________________________________________
- Cell: (_____ ) __________________________________________________________________
- May we call you at work? Y / N (Circle one)

**Email Address:** __________________________________________________________________

**Permanent Address:**
(If different from above)
- Number: __________________________________________________________________
- Street/Route: __________________________________________________________________
- Box/Apartment: __________________________________________________________________
- City: __________________________________________________________________
- State: __________________________________________________________________
- ZIP: __________________________________________________________________

**Emergency Contact:**
- Name: __________________________________________________________________
- Relationship: __________________________________________________________________
- Street/Route: __________________________________________________________________
- City: __________________________________________________________________
- State: __________________________________________________________________
- ZIP: __________________________________________________________________
- 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:** __________________________________________________________________
College/University granting your Bachelor’s Degree:

<table>
<thead>
<tr>
<th>Name</th>
<th>City/State</th>
<th>Month/Year</th>
<th>Type of Degree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Year</th>
</tr>
</thead>
</table>

List the other seminaries at which you have ever enrolled:

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Year</th>
</tr>
</thead>
</table>

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:  

<table>
<thead>
<tr>
<th>Debt Type</th>
<th>Balance Due</th>
<th>Monthly Payments</th>
<th>Past Due (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband/fiance’s student loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile loan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge Cards (ie: Visa, MC, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank or Credit Union Loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 husband or fiance 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 he 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:  ________________________________________________________________

Husband or Fiance’s full name: ________________________________________________________________

Date of birth:_________________________ Occupation:_________________________

Email:_________________________ Cell:_________________________
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 husband or fiance, and on the religious affiliation of any dependent children. Give appropriate dates (month and year).

_________________________________________________________________________________________________
_________________________________________________________________________________________________

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

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

For the husband/fiance of a married/engaged applicant-
You are an important partner in your wife’s aspiration to the deaconess ministry and, if your wife 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 wife’s application to Concordia Seminary. What excites you about the possibilities? What concerns you?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Husband/fiance’s Signature ____________________________ Date __________
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 and 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 deaconess ministry 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 deaconess office?

☐ Pastor ☐ Father ☐ Mother ☐ Spouse/fiance
☐ Friends (Laymen) ☐ Seminary Student/Vicar ☐ DCE ☐ Deaconess
Teacher: ☐ Professor ☐ Elementary Education ☐ Lutheran High School
☐ Sunday School ☐ Public ☐ Other ______________________

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

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
E. Which personal values and strengths do you believe you offer for service as a deaconess?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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 internship, or for a placement into the deaconess 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? ______

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 for the deaconess 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 Arts in Deaconess Studies Degree

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 deaconess ministry in The Lutheran Church—Missouri Synod.

Signed: ________________________________

Date: ________________________________

Intended Term of Enrollment: __________________________________________________________________________

<table>
<thead>
<tr>
<th>Academic Quarter</th>
<th>Academic Year</th>
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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 she originally made application, she is entitled to all the rights and privileges to inspect and review her education records granted her in the Family Educational Rights and Privacy Act (FERPA).