

JACKSONVILLE THEOLOGICAL SEMINARY

1709 St. Johns Bluff Road North
Jacksonville, FL 32225
(904)786-5383 Fax (904) 695-9742
Listen-Read-Be Educated-Be Equipped

NAME OF FACILITATOR (NOT the Ministry)

APPLICATION FOR ADMISSION

I hereby request application to Jacksonville Theological Seminary (JTS); whereby, I may “study to show myself approved to God, a workman that need not be ashamed.” I submit myself to the Lordship of Jesus Christ, my Lord, and my Savior. I submit this application to Jacksonville Theological Seminary in the witness of God and in obedience to His call upon my life. I hereby declare I will fulfill His “calling” upon my life, complete all studies as directed by the Lord and representatives of JTS and enter the harvest fields as a laborer for the GOSPEL MINISTRY of Jesus Christ.

STUDENT ID # _____ **(School Use Only)**

PLEASE PRINT LEGIBLY

DATE OF APPLICATION: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER:(_____) _____ CELL PHONE NUMBER: (_____) _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____
(List all other last names used)

NAME OF APPLICANT: _____ (Dr., Pastor, Rev.
Mr., Mrs., Ms.) _____
(Last) (First) (MI)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

For a faster response. Please check the box to have your acceptance package emailed to you.

PLEASE ENCLOSE A PICTURE ID OR A RECENT PHOTO AND A \$50.00 APPLICATION FEE.

**PLEASE SELECT TYPE OF GRADUATE DEGREE
AND AREA OF STUDY DESIRED**

(All Degrees require a Thesis (Master's) or Dissertation (Doctorate) unless otherwise stated.

MASTER'S DEGREE: (30 Hours of Master Level Work)

THEOLOGY _____

MINISTRY _____ (NO THESIS REQUIRED)

BIBLICAL STUDIES _____ (NO THESIS REQUIRED)

ARTS IN MINISTRY _____ ARTS IN BIBLICAL STUDIES _____

MINISTRY IN CHRISTIAN EDUCATION _____ (NO THESIS REQUIRED)

MINISTRY IN CHRISTIAN COUNSELING _____ (NO THESIS REQUIRED)

MINISTRY IN CHRISTIAN BUSINESS _____ (NO THESIS REQUIRED)

ARTS IN CHRISTIAN COUNSELING _____ ARTS IN CHRISTIAN EDUCATION _____

ARTS IN CHRISTIAN BUSINESS _____

DIVINITY (Hospital Ministry) _____ DIVINITY (Prison Ministry) _____

DOCTORATE: (30 Hours of Doctoral Work)

MINISTRY _____ (NO DISSERTATION REQUIRED)

CHRISTIAN COUNSELING _____ CHRISTIAN EDUCATION _____

CHRISTIAN BUSINESS _____ THEOLOGY _____ BIBLICAL STUDIES _____

DIVINITY (Hospital Ministry) _____ DIVINITY (Prison Ministry) _____

MINISTRY IN CHRISTIAN EDUCATION _____ (NO DISSERTATION REQUIRED)

MINISTRY IN CHRISTIAN COUNSELING _____ (NO DISSERTATION REQUIRED)

MINISTRY IN CHRISTIAN BUSINESS _____ (NO DISSERTATION REQUIRED)

DOCTOR OF PHILOSOPHY (60 Hours of Doctoral Work)

MINISTRY _____ THEOLOGY _____

DIVINITY (Hospital Ministry) _____ DIVINITY (Prison Ministry) _____

CHRISTIAN COUNSELING _____ CHRISTIAN EDUCATION _____ CHRISTIAN BUSINESS _____

CLINICAL PASTORAL COUNSELING PROGRAM

MASTER OF ARTS CLINICAL CHRISTIAN PSYCHOLOGY _____

DOCTOR OF PHILOSOPHY IN CLINICAL CHRISTIAN PSYCHOLOGY _____

VOCATION and WORK HISTORY

Please list your vocational and working history beginning with your most recent first, then back in years.

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION AND TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION AND TYPE(S) OF WORK PERFORMED: _____

EDUCATION HISTORY:

Please list your educational history, starting with the high school attended, then any vocational, college, university, Bible College, or Seminary studies completed. **If you have not completed a degree from any of the schools listed, please list the number of credit hours that you have completed from each school. Please do not list any educational history that you are unable to provide OFFICIAL DOCUMENTATION FOR.**

NAME OF SCHOOL CITY AND STATE	YEARS ATTENDED (____,19____,19____)	DEGREE/DIPLOMA CREDITS EARNED <small>(Diploma, GED, AA, BA, MA, PhD, Th. D, etc.)</small>	AREA OF STUDY

MILITARY HISTORY:

BRANCH OF SERVICE: _____

YEARS OF SERVICE: _____ TOTAL YEARS SERVED: _____

COMMISSION UPON DISCHARGE: _____ STATUS OF DISCHARGE: _____

POSITION and DUTIES: _____

CHURCH HISTORY:

Please complete the following information listed below regarding your relationship with Jesus Christ, the local church you attend, any positions or responsibilities you may be involved with to support your church (Pastor, Praise and Worship, Teacher, Nursery, Helps, etc.), and any other ministries you may support or be involved with; i.e. missions, evangelism, food banks, etc. Please continue on additional paper if necessary.

DATE YOU RECEIVED JESUS CHRIST AS YOUR LORD AND SAVIOR. _____

HAVE YOU BEEN WATER BAPTIZED? _____ DATE _____

NAME OF CHURCH YOU PRESENTLY ATTEND: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: (____) _____

YEARS IN ATTENDANCE: _____ POSITION or RESPONSIBILITIES: _____

NAME OF CHURCH or MINISTRY YOU HAVE ASSISTED AS A LABORER: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: _____

YEARS OF LABOR: _____ POSITION or RESPONSIBILITIES: _____

NAME OF CHURCH or MINISTRY YOU HAVE ASSISTED AS A LABORER: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: _____

YEARS OF LABOR: _____ POSITION or RESPONSIBILITIES: _____

I hereby state that all of the information listed on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to Jacksonville Theological Seminary to verify all of the information listed above. I further agree to and understand that any and all "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours based upon this application are granted at the discretion of Jacksonville Theological Seminary. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all Seminary Policies and Financial Commitments in pursuit of academic excellence in the Word of God. Amen.

*I hereby further understand that all of the courses and degrees of Jacksonville Theological Seminary are of an ecclesiastical nature and, whether granted or conferred, are in the restricted area of religion with the special purpose of preparing persons to work in the area of religion - whether Educational, Ministerial, or Counseling - and are **NOT** designed to be used in general academic circles.*

APPLICANT'S SIGNATURE

DATE

JACKSONVILLE THEOLOGICAL SEMINARY

REQUEST FOR PREVIOUS SCHOOL RECORDS

PLEASE SEND AN OFFICIAL TRANSCRIPT OF MY RECORDS TO:

JACKSONVILLE THEOLOGICAL SEMINARY

**1709 St. Johns Bluff Road North
JACKSONVILLE, FLORIDA 32225**

THIS RECORD IS REQUIRED BY JACKSONVILLE THEOLOGICAL SEMINARY TO COMPLETE MY ADMISSIONS FILE.

LAST NAME FIRST MIDDLE MAIDEN OTHER LAST NAME

BIRTH DATE SOCIAL SECURITY NUMBER DATES ATTENDED OR GRADUATION DATE

CURRENT STREET ADDRESS TELEPHONE NUMBER

CITY STATE ZIP CODE

NAME OF HIGH SCHOOL/COLLEGE/SEMINARY ATTENDED OR GRADUATED FROM

ADDRESS: (STREET OR POST OFFICE BOX) CITY ZIP CODE

STUDENT SIGNATURE

**NOTE: FAILURE TO SUBMIT PROOF OF HIGH SCHOOL/COLLEGE/ SEMINARY
TRANSCRIPTS WILL BLOCK FUTURE REGISTRATION.**

**This Form Is To Be Mailed To Your Former Schools:
MAKE COPIES AS NEEDED FOR ALL INSTITUTIONS**

JACKSONVILLE THEOLOGICAL SEMINARY

Credit Card Payment

Student's Printed Name: _____

Card Holder's Printed Name: _____

Credit Card Type: Master Card _____ Visa _____ Other _____

Credit Card Number: _____

Expiration Date: _____

Total Charge Amount: _____

Date of Charge: _____

Billing Address Zip Code: _____

Authorized Signature: _____