

## **INSTRUCTIONS FOR APPLICATION FOR DOCTORAL PROGRAM**

Dear Applicant:

We are pleased to enclose an application form for admission to a graduate program of this Seminary. We use a self-mailing application procedure to facilitate the process. You are requested to complete, gather, and submit the application and supporting documents in one package. At the time you submit your application, either in person or by mail, it should include the following items.

1. The completed application form, front and back (please type or print).
2. A recent color passport size photo.
3. A check, money order or bank draft for **\$50.00 (United States Dollars)** payable to NYTS, to cover the non-refundable application fee.
4. Sealed envelopes containing official transcripts from all colleges, Universities or professional schools you have attended.
5. Sealed envelopes containing letters of recommendation from:
  - a) A college professor (if this is not practical, someone to whom you minister);
  - b) A colleague or associate;
  - c) An ecclesiastical superior or pastor.
6. Required essay questions, which must be typed.
7. Submit proof of immunization for Measles (2 doses); Mumps & Rubella (1 dose each) if born on or after Jan 1, 1957.
8. Submit Student Verification of Health Insurance Coverage form.
9. Submit Meningococcal Meningitis Vaccination Response form.
10. Submit proof of address (copy of Driver's license; household bill or other acceptable document)

NYTS maintains a rolling admissions policy. Doctoral program applications may be submitted at any time and will be reviewed as they are received. An interview with each candidate will be held after submission of materials. The Admissions Committee reserves the right to request a second interview if deemed necessary.

This application will give you an opportunity to think systematically about yourself. We want to know you as well as any application allows. It marks the beginning of a dialogue that will, if you are admitted and matriculate, continue during your studies here. We hope this process will be useful to you.

**PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE!**

# NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

## APPLICATION FOR DOCTORAL DEGREE PROGRAM

PLEASE PRINT OR TYPE

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

▼ Doctoral Program track you are applying for: Year of Entrance: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Bible Engagement Intensive (DBE)                 | <input type="checkbox"/> Micah Intensive (DMI)                                |
| <input type="checkbox"/> Clinical Pastoral Supervision Intensive (DPS)    | <input type="checkbox"/> Multi-Faith Intensive (DMF)                          |
| <input type="checkbox"/> English Congregational Ministry Intensive (DPM)  | <input type="checkbox"/> Pastoral Care Intensive (DBC)                        |
| <input type="checkbox"/> Hispanic Congregational Ministry Intensive (DPS) | <input type="checkbox"/> Pastoral Psychotherapy Intensive (DPP-Blanton Peale) |
| <input type="checkbox"/> Korean Congregational Ministry Residential (DKM) | <input type="checkbox"/> Preaching Intensive (DPR)                            |
|   | <input type="checkbox"/> Summer Intensive: Korean (DMK)                       |

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Month Date Year

Applicant's Name (as it should appear on all official records):

\_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

County (See chart for code number) \_\_\_\_\_

Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Business Cell

E-Mail Address (Required): \_\_\_\_\_

Ethnic Classification: \_\_\_\_\_ (To assist in completing Federal & State Reports; refer to Chart for Code Numbers)

Citizenship Status: U.S. Citizen: \_\_\_\_\_ Resident: \_\_\_\_\_ Alien: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Student's Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

**ATTACH  
COLOR  
PASSPORT  
SIZE  
PHOTO**

Name of Church You Attend: \_\_\_\_\_

Name of Pastor or Ecclesiastical Supervisor: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Number & Street City State Zip

Church Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Denominational Affiliation (See Chart for Code Number): \_\_\_\_\_

Ecclesiastical Status: Ordained Clergy: \_\_\_\_ Licensed Clergy: \_\_\_\_ Ordained Laity: \_\_\_\_ Laity: \_\_\_\_ Other: \_\_\_\_

Please give the name and address of a NY area person **NOT** living with you who will always know where you are:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail (Required): \_\_\_\_\_

Previous Academic and Professional Training (beginning with the most recent)

<u>Institution and Location</u>	<u>Dates of Attendance:</u>	<u>Degree Received:</u>	<u>Graduation Date:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are your transcripts an adequate portrait of your abilities and motivations? Yes:  No:

If your answer is "no," please explain on additional sheet.

If you wish to apply for Financial Aid, you must contact [finaid@nyts.edu](mailto:finaid@nyts.edu) to request information.

For **DEGREE** programs only: It is required that the Test of English as a Foreign Language (TOEFL) be taken by students for whom English is a second language, unless specifically exempted by the Admissions Committee. A minimum score of 560 is expected. Information on this test may be obtained from the Educational Testing Service, Princeton, NJ 08541. Test results should be sent directly to the Seminary by ETS.

*"I hereby certify that the information given by me on this application and all supplementary pages is complete and accurate."*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ESSAY QUESTIONS TO SUPPLEMENT  
THE DOCTORAL APPLICATION**

Please **TYPE** answers in English, Korean or Spanish

1. Write a brief essay on your theological understanding, including the following:
  - a) The essential principles of our faith;
  - b) Changes, if any, in your theological understanding over the past five years; and
  - c) The ways in which scriptural study and theological reflection have shaped your understanding of your role in leadership and administration.
2. Write a brief essay about your goals for ministry, including the following:
  - a) Your view of ministry in the kind of world in which we live; and
  - b) Its' relationship to crucial social and/or intellectual issues today.
3. Describe your personal interests, taking into account the following:
  - a) Fields of knowledge that interest you the most;
  - b) Chief interests and activities at the present time, other than those directly related to your profession;
  - c) Leisure time activity
4. Write a brief essay about your own journey, including a statement as to why you are specifically interested in the particular program track for which you are applying and goals that would be met by participation in it.
5. There has been increasing concern in the religious community in recent years about the masculine gender language habitually used for God. What is your reaction to this concern? Defend your position with appropriate scriptural, historical and theological resources. In what ways do you or could you deal with the issue of sexist language in your ministry? What books have you read or what experiences have you had that have helped you to understand the drive for the liberation o women?
6. Ministry or religious service in all forms must confront critical issues of inclusion and exclusion. For many, inclusion is a positive goal. On the other hand every religious tradition excludes something in the way of belief and/or practice, and some even hold that they are the exclusive way of truth or salvation. Drawing upon your own religious tradition, your personal experiences and any other appropriate theological resources; describe what you perceive to be the main issue(s) at stake in the discussion concerning inclusion and exclusion.
7. Describe your ministry setting, its' organizational structure, its' basic purposes, your role within it, and one critical issue currently facing it.
8. What, in your faith tradition, motivates you most to action? What particular teachings do you find most compelling?

# NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

## RECOMMENDATION FORM

Name of Applicant (Print) \_\_\_\_\_  
(Last) (First) (Middle)

### TO THE APPLICANT:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive his/her rights to access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid, and if the candidate, upon request, is notified of the names of all persons making such recommendation on her/his behalf. The Seminary does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation, you are free to choose to maintain your right to access to this recommendation or waive that right. Please check and sign one of the following statements:

I **WAIVE** my right to examine this recommendation.

I **DO NOT** waive my right to examine this recommendation.

\*\*\*\*\*

### TO THE RECOMMENDER:

The person named above, who has applied to this Seminary, has indicated that she/he knows you well enough to request a recommendation. The admissions committee would appreciate a statement from you concerning the applicant's character, personality, capacity for leadership, effectiveness in ministry, commitment to justice, physical stamina, mental and emotional stability, sense of responsibility, intelligence, common sense, and readiness for graduate level professional education. Please rate the applicant in comparison with others of similar age and position whom you have known.

Please use the back of this form and/or other separate sheet and sign on the bottom of this page. The recommendation is to be mailed to the applicant. **Please seal and sign the back flap of the envelope.** The letter will be submitted unopened by the applicant with his/her application.

In the event that it is not possible to send your recommendation to the applicant, it is permissible to send the sealed recommendation directly to the Seminary, Attention to the Registrar's Office.

Name (Print) \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**STUDENT IMMUNIZATION RECORD FORM**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Month Day Year

New York State Public Health Law 2165 requires post-secondary students to prove immunization or protection against measles, mumps and rubella. Persons born PRIOR to **January 1, 1957** are exempt from this requirement.

**NOTE: MMR Vaccine** is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

**REQUIRED: Measles (Rubeola) Immunity** – Must have **ONE** of the following:

- A. **TWO** dates of Measles Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Both dates must be given after 1967 and the first immunization after the first birthday and the second on or after 15 months of age.
- B. Date of Measles Titer \_\_\_\_\_ Results \_\_\_\_\_
- C. Date of physician diagnosed measles disease \_\_\_\_\_  
Signature of diagnosing physician \_\_\_\_\_

**REQUIRED: Rubella (German Measles) Immunity** – Must have **ONE** of the following:

- A. Date of at least **ONE** Rubella Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Must be on or after the first birthday)
- B. Date of Rubella Titer \_\_\_\_\_ Results \_\_\_\_\_  
Physician diagnosis **is not acceptable.**

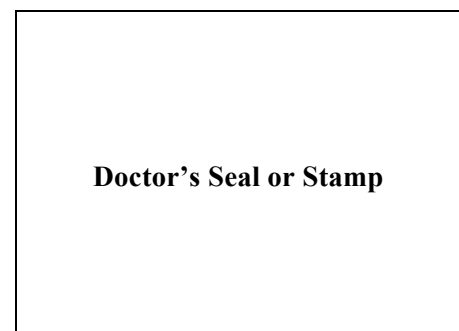
**REQUIRED: Mumps Immunity** – Must have **ONE** of following:

- A. Date of at least **ONE** Mumps Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Must be on or after the first birthday)
- B. Date of Mumps Titer \_\_\_\_\_ Results \_\_\_\_\_
- C. Date of physician diagnosed mumps disease \_\_\_\_\_  
Signature of diagnosing physician \_\_\_\_\_

Health Practitioner (PRINT name) \_\_\_\_\_

Health Practitioner (SIGN name) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year



**STUDENT VERIFICATION REGARDING  
HEALTH INSURANCE COVERAGE**

**As part of your enrollment and registration at New York Theological Seminary, we are required by state and federal law to confirm that you have health insurance coverage. Therefore, please complete this form and send it with the application package. Thank you for your prompt cooperation.**

Name: \_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Number & Street Apt. # City State Zip

Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Business Cell

E-Mail Address (Required): \_\_\_\_\_

\_\_\_\_\_ **YES, I DO** have current health insurance coverage from the following provider:

Name of Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Period of Coverage: from: \_\_\_\_\_ to: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_ **NO, I DO NOT** have current health insurance coverage. I understand that I am required to have such coverage while enrolled at New York Theological Seminary. Therefore, I have applied for coverage from (please check one), and will notify NYTS as soon as I obtain coverage.

\_\_\_\_\_ New York State Family Health Plan ([www.health.state.ny.us](http://www.health.state.ny.us))

\_\_\_\_\_ Voluntary International Student Scholar Medical Insurance ([www.studentresources.com](http://www.studentresources.com))

\_\_\_\_\_ Other (please specify below)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

**“I certify that the information I have provided above is accurate, and understand that my enrollment at New York Theological Seminary may be jeopardized by inaccurate or misleading information.”**

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MENINGOCOCCAL MENINGITIS  
VACCINATION RESPONSE FORM**

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Registrar's Office, New York Theological Seminary.

**Please read the following statements, check one box and sign below:**

- I have received the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
Date received: \_\_\_\_\_
- I read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **NOT** obtain immunization against meningococcal meningitis disease.

PRINT Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing address \_\_\_\_\_  
Number & Street                      Apt #                      City                      State                      Zip

Phone number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Adapted from NYS DOH form 8.4.03**

# NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

## DENOMINATION CODE NUMBERS

10 Advent Christian Church  
20 Seventh-Day Adventist  
30 Anglican Church of Canada  
40 Episcopal Church  
50 Reformed Episcopal Church  
60 Anglican, Other  
70 Associated Gospel Church of Canada  
80 American Baptist Church USA  
90 Baptist  
100 Baptist Convention of Ontario and Quebec  
110 Baptist General Association of Virginia  
120 Baptist General Conference  
130 Baptist General Convention of Texas  
140 Baptist Missionary Association of America  
150 Baptist State Convention of North Carolina  
160 Baptist Union of Western Canada  
170 Canadian Convention of Southern Baptists  
180 Conservative Baptist Assoc of America  
190 Convention of Atlantic Baptist Churches  
200 Cooperative Baptist Churches  
210 Fellowship Evangelical Bapt Ch Canada  
220 General Assoc of General Baptists  
230 General Assoc Regular Baptist Churches  
240 General Bapt State Convention N. Carolina  
250 Independent Baptist  
260 National Baptist Convention  
270 N American Bapt Conference  
280 Progressive National Baptist Convention  
290 Seventh Day Baptist General Conference  
300 Southern Baptist Convention  
310 Union d'Eglises Bapt Francaises Canada  
320 Brethren Church (Ashland, Ohio)  
330 Brethren in Christ Church  
340 Christian Brethren (Plymouth Brethren)  
350 Church of the Brethren  
360 Fellowship of Grace Brethren Churches  
370 Buddhist  
380 Byzantine Catholic Archeparchy Pittsburgh  
390 Roman Catholic  
400 Christian and Missionary Alliance  
410 Church of God (Anderson, Indiana)  
420 Church of the Nazarene  
430 Christian Church (Disciples of Christ)  
440 Christian Churches and Churches of Christ  
450 Churches of Christ  
460 Churches of God, General Conference  
470 Evangelical Church in Canada  
480 Evangelical Congregational Church  
490 Evangelical Covenant Church  
500 Evangelical Formosan Church  
510 Evangelical Free Church of America  
520 Evangelical Free Church of Canada  
530 Interdenominational/Multidenominational  
540 Jewish  
550 Evangelical Lutheran Church in America  
560 Evangelical Lutheran Church in Canada  
570 Lutheran Church-Canada  
580 Lutheran Church-Missouri Synod  
590 Wisconsin Evangelical Lutheran Synod  
600 Lutheran, Other  
610 Conference of Mennonites  
620 Mennonite Brethren Ch in N America  
630 Mennonite Church Canada  
640 Mennonite Church USA  
650 Mennonite, Other  
660 African Methodist Episcopal (AME)

670 African Methodist Episcopal Zion (AMEZ)  
680 Christian Methodist Episcopal (CME)  
690 Free Methodist Church  
700 Independent Methodist  
710 United Methodist Church (UMC)  
720 Wesleyan Church  
730 Missionary Church in Canada  
740 Moravian Church in North America  
750 Muslim  
760 National Assoc Congregational Christian  
770 Non Denominational  
780 Greek Orthodox Archdiocese of America  
790 Orthodox Church in America  
800 Orthodox, Other  
810 Assemblies of God  
820 Church of God (Cleveland, Tennessee)  
830 Church of God in Christ (COGIC)  
840 Foursquare Gospel Church  
850 Pentecostal Assemblies of Canada  
860 United Pentecostal Church International  
870 Associate Reformed Presbyterian Church  
880 Cumberland Presbyterian Church  
890 Evangelical Presbyterian Church  
900 Korean American Presbyterian Church  
910 Orthodox Presbyterian  
920 Presbyterian Church (PCUSA)  
930 Presbyterian Church in America (PCA)  
940 Presbyterian Church in Canada  
950 Reformed Presbyterian  
960 Canadian Reformed Churches  
970 Christian Reformed Church  
980 Heritage Reformed Cong (USA/Canada)  
990 Reformed Church in America  
O90 Other  
R10 Friends, Quaker  
R20 Religious Society of Friends  
S30 Salvation Army  
S40 General Church of New Jerusalem  
S50 Swedenborgian Ch, General Convention  
U60 Unitarian Universalist  
U70 United Church of Canada  
U80 United Church of Christ (UCC)

## ETHNIC CODES

00: Unknown/Undeclared  
01: Non Resident  
02: Black: (African American, Caribbean American, African-Non-Hispanic)  
03: Native American (American Indian; Alaska native)  
04: Asian/Pacific Islander (Korean, Chinese, Indian/ Pakistani, Japanese etc.)  
05: Hispanic/Latino: (Puerto Rican, Central Am, South Am, Caribbean)  
06: White: (Non Hispanic)  
0: Two or more races

## APPLICATION CODES LIST

### COUNTY CODE NUMBERS (New York State Residents Only)

01 Albany  
02 Allegany  
03 Broome  
04 Cattaraugus  
05 Cayuga  
06 Chautaugua  
07 Chemung  
08 Chenango  
09 Clinton  
10 Columbia  
11 Cortland  
12 Delaware  
13 Dutchess  
14 Erie  
15 Essex  
16 Franklin  
17 Fulton  
18 Genesee  
19 Greene  
20 Hamilton  
21 Herkimer  
22 Jefferson  
23 Lewis  
24 Livingston  
25 Madison  
26 Monroe  
27 Montgomery  
28 Nassau  
29 Manhattan  
30 Bronx  
31 Brooklyn  
32 Queens  
33 Richmond  
34 Niagara  
35 Oneida  
36 Onondaga  
37 Ontario  
38 Orange  
39 Orleans  
40 Oswego  
41 Otsego  
42 Putnam  
43 Rensselaer  
44 Rockland  
45 St. Lawrence  
46 Saratoga  
47 Schenectady  
48 Schoharie  
49 Schuyler  
50 Seneca  
51 Steuben  
52 Suffolk  
53 Sullivan  
54 Tioga  
55 Tompkins  
56 Ulster  
57 Warren  
58 Washington  
59 Wayne  
60 Westchester  
61 Wyoming  
62 Yates

Rev. 11/2011 lrb