

INSTRUCTIONS FOR APPLICATION

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. Thus, at the time you submit your application, either in person or by mail, it should include the following items.

1. The complete basic application form (Type or print only).
2. Recent color passport size photo of yourself.
3. Check or money order for \$30.00, 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. 3 sealed Letters of Recommendation from (a) A college professor (if this is not practical, someone to whom you minister; (b) A colleague or associate; and (c) an ecclesiastical superior or pastor.
6. Complete the required essay questions (type only).
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)

PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE!

NYTS maintains a rolling admissions policy. Master's 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.

If you have any questions, please email the Registrar at lbumgardner@nyts.edu

APPLICATION FOR MASTER'S DEGREE PROGRAM

PLEASE PRINT OR TYPE

Date of Application: / /
Month Date Year

Program you are applying for: (Please check all that apply)

Master of Divinity

Master of Arts: In Religious Education In Pastoral Care and Counseling

Unclassified

Year of Entrance: Fall Semester: Spring Semester:

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 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 Program Admissions Application**

Instructions for Prospective Students: Write an essay by answering **all** of the following questions. You must write one or two paragraphs based on each question. Include your essay with your application.

1. State the degree program for which you are applying, and provide a statement as to why you are specifically interested in this program.
2. Write a paragraph on what you think is your calling at this point in your life.
3. Describe your theological understanding, including the following:
 - (a) The essential principles of your faith;
 - (b) Changes, if any, in your theological understanding over the past five years; and
 - (c) Ways scriptural study and reflection help to shape the development of your theology.
4. Describe the following, depending on the program for which you are applying:
 - a. **For M.Div. and M.A. Applicants only:** Describe your professional goals and/or 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.
 - b. **For Religious Education Applicants only:** Highlight your educational journey, your teaching experience and goals, and the factors that influenced you to pursue this course of study.
 - c. **For Pastoral Care and Counseling Applicants only:** Describe your understanding of the value of pastoral care and counseling, and on how you perceive it can contribute to personal health and wholeness. Provide specific personal growth experiences in which you have been involved such as clinical pastoral education, encounter groups, group dynamics training, and counseling experiences. In addition, briefly discuss how you understand the relationship between theology, psychology, and culture, particularly how these three areas contribute to the wholeness of the human and its interactions with others.
5. Describe your personal goals and interests, taking into account the following:
 - (a) Fields of knowledge which interests you most;
 - (b) Chief interests and activities at the present time, other than those directly related to your profession;
 - (c) Leisure time activity;
 - (d) Any doctoral degrees you hope to pursue upon graduation and why.
6. Provide a brief summary of your faith journey.
7. Provide an evaluation of your own maturity in terms of interpersonal awareness and skill in dealing with difficult and conflicted relationships, both personal and professional.
8. State the reasons why you wish to pursue this master's degree from New York Theological Seminary.

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**.

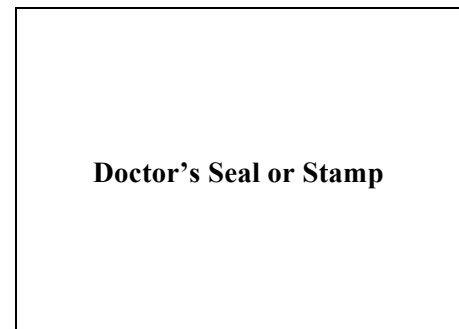
REQUIRED: Mumps Immunity – Must have **ONE** of following:

- 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)

_____ Voluntary International Student Scholar Medical Insurance (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
 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