



Student Application Form.

Please Print :

1. Date of Application :		Nationality :		
STUDENT INFORMATION				
2. Last Name: _____ First Name: _____ Middle: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Marital status : (circle one) Single / Mar / Div / Sep / Wid	
Preferred Name :		Birth Date :	Age :	Sex:
3. Email address:	Home Phone:	Other contact #		
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4. Full Address:	City :	State :	Zip/Postal Code :	
5. Citizenship :	If Naturalized, when ?		Country of Permanent Residency:	

APPLICATION INFORMATION

Please indicate what program you would like to apply for :

- 1. Certificate of Theological Studies
- 2. Commissioned Pastor of the Reformed Church of America

Return all information to:
office@evangelicalreformedcollege.com

Prospective students must complete this form by providing all the necessary information as able according to the following checklist:

Checklist for Certificate of Theological Studies	Checklist for Commissioned Pastor (RCA)
<ul style="list-style-type: none"><input type="checkbox"/> 1. Complete this Application Form<input type="checkbox"/> 2. Transcripts Requested<input type="checkbox"/> 3. Your Personal Story attached. See #18.<input type="checkbox"/> 4. 1 piece of personal identification.<input type="checkbox"/> 5. Personal interview with a spiritual advisor pastor regarding your personal ministry goals.	<ul style="list-style-type: none"><input type="checkbox"/> 1. Complete this Application Form<input type="checkbox"/> 2. RCA form 1,2,5<input type="checkbox"/> 3. Transcripts Requested<input type="checkbox"/> 4. Your Personal Story attached. See #18.<input type="checkbox"/> 5. 1 piece of personal identification.<input type="checkbox"/> 6. Personal interview with a spiritual advisor pastor regarding your personal ministry goals.

ADDITIONAL INFORMATION

6. Spouse's Name, If applicable

7. Names and ages of children, If applicable

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8. Church Membership, current
How long? Are you a member in good standing?

9. Past Church Memberships

10. Do you have a denominational affiliation?

11. Have you been taken under care of a church board or presbytery?

12. Have you been licensed to preach? Ordained? By what body?

13. Have you ever been refused admission or dismissed from any college, seminary, or theological school? Explain:

14. Current employment information. Employer ?

Job title?

May we contact you at work if necessary?

Notes:

EDUCATIONAL INFORMATION

14. What other important information might be important for us to know as we seek to guide you in ministry and to your ministry goals?

15. What, if any, significant experiences have you had in ministry?

16. How will you be able to study and still provide for your family?

17. List all schools or training programs attended after age 17

Name of Institution	Dates Attended	Location	Degrees Received

Do you anticipate transferring credits from one of these schools to the ERC degree program?

PERSONAL TESTIMONY
18. On two separate pages tell us
<ul style="list-style-type: none"> • How and when you became a Christian? Include how you grew in your faith and what helped you along the way.
<ul style="list-style-type: none"> • Provide detail on ministry experiences you have had such as teaching, speaking, evangelism. Leadership, etc.
<ul style="list-style-type: none"> • Provide detail on your possible call to the ministry, and what God has been doing in your heart.
<ul style="list-style-type: none"> • Tell us why you believe seminary education may be helpful to you and what you hope to gain from the experience.
Institutional Policy of Non-Discrimination:
<p>The Evangelical Reformed College admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate with regards to any of the above-mentioned categories in the administration of its educational admissions policies, scholarships, financial assistance, and academic programs.</p>

Signature of Applicant: _____

Date: _____

Date Received by office: _____ Name of recipient: _____