



**APPLICATION FOR ADMISSION**  
EDEN THEOLOGICAL SEMINARY  
475 EAST LOCKWOOD AVENUE  
SAINT LOUIS, MISSOURI 63119-3192  
1.877.627.5652

**I. APPLICATION AND PLANS**

Full Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address \_\_\_\_\_  
(Street)

(City and State) (Zip Code)

Temporary Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
(Street)

(City and State) (Zip Code)

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

If accepted, I want to begin  
 Fall Semester, \_\_\_\_\_  
 January Session, \_\_\_\_\_  
 Spring Semester, \_\_\_\_\_  
 Summer Semester, \_\_\_\_\_

Denominational Affiliation \_\_\_\_\_

**II. PREVIOUS EDUCATION**

1. Name of Institution	Date of Attendance	Degree Received	Year	Degree Expected	Year
(College or University)	_____	_____	_____	_____	_____
(College or University)	_____	_____	_____	_____	_____
(Theological Seminary)	_____	_____	_____	_____	_____
(Theological Seminary)	_____	_____	_____	_____	_____

2. Record of other educational experiences - including CPE (Dates & places of completed units)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. FAMILY DATA

1. Name of spouse/partner \_\_\_\_\_

2. Please give name and phone number of person to be contacted in an emergency:

Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ (work)  
( ) \_\_\_\_\_ (home)

### IV. RELIGIOUS AFFILIATION

1. Home Church \_\_\_\_\_

2. Work address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Street)

(City and State)

(Zip Code)

3. Your experience in ministry

> Position \_\_\_\_\_

Church/Agency \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

> Position \_\_\_\_\_

Church/Agency \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

> Position \_\_\_\_\_

Church/Agency \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

4. Ordained  Yes  No Date \_\_\_\_\_ Licensed  Yes  No Date \_\_\_\_\_

Judicatory in which you currently have standing \_\_\_\_\_

### V. A CRITICAL AUTOBIOGRAPHICAL ESSAY

Please write an autobiographical essay in which you address the items listed below. The essay should be typewritten (double spaced) and approximately five pages in length. If there is other information you believe the Admissions Committee needs to know, please include that.

1. Your personal history.

2. Your ministerial history

3. Your reasons for seeking admission into the Post-graduate Program:

a) Your strengths and weaknesses in ministry,

b) Reflect upon the impact of theological education on your practice of ministry. How is your previous theological education bearing fruit in your ministry?

c) The anticipated shape and form of your ministry in the next ten years.

## VI. CREDENTIALS, FEE AND REFERENCES

1. An official transcript of your undergraduate and graduate record.
2. An official transcript of your seminary record.
3. Application fee \$40.00.
4. Please write to obtain reference letters from persons in the following categories:
  - > An academic professor with whom you have contact;
  - > A judicatory representative;
  - > A professional colleague in ministry;

Please do not include a relative among your references. Indicate below the names of your references. Your prompt action is essential to a timely decision. Have these letters mailed directly to the Director of Admissions.

Academic Professor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Judicatory Representative \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Professional Colleague  
in Ministry \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Under the provisions of the Family Rights and Privacy Act of 1974 (As amended), Sec. 438, and the Department of Education Regulations, Sec. 99.7(C), 99.12(a)(3), I voluntarily waive my right of access to the above (VI.,4), and any other letters of reference provided on my behalf, understanding that upon admission all letters of reference will be removed from my personal file and destroyed.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Before mailing, please make sure you have:

1.  Completed application form
2.  Enclosed \$40.00 fee
3.  Sent three reference forms
4.  Requested official academic transcripts be sent to Director of Admissions, Eden Seminary
5.  Provided essay

Applications cannot be acted upon until all requested items have been received by Admissions Office. A timely admissions decision depends upon your prompt and complete provision of all materials. All documents become the property of Eden Theological Seminary and are not returnable to applicant or to a third party.

The seminary will complete a background check with the National Sex Offender Public Registry on each prospective student prior to admission.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Eden Theological Seminary is in full compliance with the Privacy Act of 1974 as Amended  
(Federal Law 93-380)

Please send application and all requested items to: Director of Admissions, Eden Theological Seminary, 475 East Lockwood Avenue, Saint Louis, Missouri 63119-3192  
314-918-2501 or 1-877-627-5652; Fax 314-918-2640; E-mail: cshanks@eden.edu