

**NEW JERSEY CAMPUS**

17 SEMINARY PLACE
NEW BRUNSWICK, NJ 08901
732.247.5241
800.445.NBTS (6287)
ADMISSIONS@NBTS.EDU

NEW YORK CAMPUS

ST. JOHN'S UNIVERSITY
ST. JOHN'S HALL, ROOM B36
8000 UTOPIA PARKWAY
JAMAICA, NY 11439
718.990.6000

APPLICATION FOR ADMISSION

DOCTOR OF MINISTRY (D.MIN.) PROGRAM

Called in Jesus Christ, empowered by the Holy Spirit, New Brunswick Theological Seminary participates in God's own laboring to fulfill God's reign on earth. Rooted in the Reformed tradition and centered in its trust of God's sovereignty and grace, the Seminary is an inter-cultural, ecumenical school of Christian faith, learning, and scholarship committed to its metro-urban and global contexts.

Our mission is to educate persons and strengthen communities for transformational, public ministries in church and society. We fulfill this mission through creative, contextual, and critical engagement with texts, traditions, and practices.

Accredited by the Commission on Accrediting of the Association of Theological Schools in the United States and Canada, and the following degree programs are approved: MDiv, MA, DMin

The following extension sites are approved as specified: Jamaica, Queens, NY Approved Degrees: MDiv, MA

The Commission on Accrediting of the Association of Theological Schools in the United States and Canada
10 Summit Park Drive, Pittsburgh, PA 15275 USA Telephone: 412-788-6505, Fax: 412-788-6510, <http://www.ats.edu>

PERSONAL INFORMATION

Name: _____
(Last) (First) (M.I.)

Current mailing address: _____

Permanent home address: (No P.O. Box): _____

Phone: Home (_____) _____ Work (_____) _____

E-mail address: _____

☐ Female ☐ Male Date of Birth: _____ / _____ / _____

Are you currently employed? ☐ Yes ☐ No ☐ Full-time ☐ Part-time

If yes, where? _____

How did you learn about NBTS? _____

Select Program:

- ☐ Congregational and Community Renewal (begins Fall 2015)
☐ Pastoral Care and Counseling (begins Fall 2015)

CHURCH INFORMATION

Religious Denomination: _____

Title/Position in Church/Agency: _____

Name of Church/Agency: _____

Address: _____

Phone: (_____) _____ Website: _____

Where are your ministerial credentials held? _____
(Conference, diocese, convention, synod, district, etc.)

Date Ordained: _____ (if applicable) Date Licensed: _____ (if applicable)

Number of Years in Full-Time Professional Ministry: _____ Part-Time: _____

SCHOLASTIC INFORMATION

Please list in order attended, colleges, universities, and graduate institutions.

Institution _____ *City* _____ *State* _____

Degree received _____ *Date received* _____

Institution _____ *City* _____ *State* _____

Degree received _____ *Date received* _____

Institution _____ *City* _____ *State* _____

Degree received _____ *Date received* _____

Institution _____ *City* _____ *State* _____

Degree received _____ *Date received* _____

VOCATIONAL PLANS

Do you plan a change in vocational or location which may affect your participation in the Doctor of Ministry program?
If yes, please explain.

FINANCES

Have you carefully reviewed the estimates of the program costs as applied to your situation? _____
Do you have adequate financial resources to undertake the program? _____ If not, how will you obtain the necessary funds?

PROGRAM

Identify a possible thesis project or area of construction you are considering as the focus for your Doctor of Ministry work.

In order to complete your application for the Doctor of Ministry program - **PASTORAL CARE & COUNSELING (PC&C)** or **CONGREGATIONAL AND COMMUNITY RENEWAL (C&CR)**, New Brunswick Theological Seminary must receive the following information at this address by the **deadline date, July 31, 2015**:

**Office of Admissions
New Brunswick Theological Seminary
35 Seminary Place - New Brunswick, NJ 08901**

1. **This completed application** with a non-refundable check or money order for \$50 made payable to NBTS.
 2. **Official transcript** of your Master of Divinity or equivalent degree, with a 3.0 grade point average or above.
 3. **Two recommendations** (forms enclosed), one that expresses support and participation in the Doctoral program from your official board or other ministry context, and one from a colleague who is familiar with your work.
 4. **Criminal Background Check Release Form:** Attach the completed release form with **\$25 processing fee (separate check)**.
 5. **(PC&C APPLICANTS) Evidence of at least one unit of Clinical Pastoral Education (CPE)**.
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6. **A critical essay** of 8-10 pages maximum (double spaced) that provides a sense of who you are, why you are interested in this program, and your ability and reflection on the practice of ministry. In organizing this essay, consider the questions relevant to the curriculum in which you are making an application to.
- **(ALL APPLICANTS)** How would you describe your life (e.g., your formative personal relationships, circumstances, turning points and events, intellectual development and personal accomplishments)?
 - **(ALL APPLICANTS)** What are essential principles of your religious faith today? Have these changed in recent years?
 - **(C&CR APPLICANTS)** Describe the ministry context(s) in which you work and your position/role in that context(s).
 - **(C&CR APPLICANTS)** Reflect theologically on something within your ministry context that has been renewing in your congregation or community.
 - **(PC&C APPLICANTS)** What is your view of ministry in pastoral care?
 - **(PC&C APPLICANTS)** Describe an account of a helping incident in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help.

Student Certification

As an essential part of the admissions process, applicants are requested to provide several kinds of information regarding their personal and academic background. Failure to make written disclosure of information solicited on the application form, or misrepresentation in the information supplied, constitutes a *prima facie* basis for denial of admission. Where omissions or misrepresentations come to light after matriculation at the Seminary, and are reasonably believed to cast doubt upon the student's suitability for theological study, he or she is subject to dismissal. ***By my signature below, I certify that I have read the above statement and that all the information on this form is true and complete to the best of my knowledge.***

Applicant's signature _____ Date _____

**Recommendation of Colleague
Doctor of Ministry Degree**

TO THE APPLICANT: Please provide the information requested on the top of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the following:

**Office of Admissions
New Brunswick Theological Seminary
35 Seminary Place
New Brunswick, New Jersey 08901**

Name of Applicant _____

Degree Sought _____ Person writing recommendation _____

I hereby _____WAIVE _____ DO NOT WAIVE my right to access to this recommendation in the event that I become a student at the institution and am accorded this right.

Applicant's signature _____ Date _____

Applicant's Email _____

Please comment briefly below, indicating the ways in which you know the applicant and the relationship that has formed the basis of your judgment. We will appreciate your candid evaluation of the applicant's intellectual ability, maturity, sense of responsibility, character, emotional stability, and any other factors that may determine readiness for graduate study in Theology and effectiveness in a position of leadership in ministry.

Signed _____ Date _____

Name Printed _____

Title/Position _____

Address _____ Phone _____

_____ E-Mail _____

**Recommendation of Church Board
(or Directors of Other Ministry Activity)**

TO THE APPLICANT: Please provide the information requested on the top of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the following:

**Office of Admissions
New Brunswick Theological Seminary
35 Seminary Place
New Brunswick, New Jersey 08901**

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Name Printed _____

Title/Position _____

Address _____ Phone _____

_____ E-Mail _____