

Application for Admission  
**Center for African American Theological Studies**

*(Please type or print clearly)*

**Full legal name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_ **Sex:** \_\_\_M\_\_\_F

**Current Mailing Address:** Street: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Current Phone Numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Birth date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Church Background:** What is your denominational affiliation? \_\_\_\_\_

Name of church you currently attend: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Minister=s name: \_\_\_\_\_ How long have you attended this church? \_\_\_\_\_

**Briefly describe your church involvement** (e.g., teaching, leadership, care giving)

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**Are you a licensed minister?** \_\_\_\_\_ Yes \_\_\_\_\_ No **Are you ordained?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Current Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Describe your short and long-term goals as they relate to CAATS/STVU.**

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**Semester and year for which you are applying:** \_\_\_\_\_ Fall \_\_\_\_\_ Spring Year \_\_\_\_\_

Where did you hear about CAATS/STVU? \_\_\_\_\_

**In addition**

- \$ Enclose a \$50 non-refundable application fee. (Make checks payable to SCUPE.)
- \$ Request official transcripts to be sent directly to the SCUPE office from the institution.
- \$ Have the reference form filled out, signed and returned directly to the SCUPE office.
- \$ Fully complete and sign this application form and **return along with STVU application** to the SCUPE office.

**Ethnic Background:**

Note: The U.S. Department of Health, Education, and Welfare requires each institution to report on the racial composition of its students. Although self-identification is voluntary, it will assist us if you complete the section below. This section is strictly optional and has no bearing on your admission status.

(Please circle appropriate identification)

|                  |                        |                    |
|------------------|------------------------|--------------------|
| Native American  | Asian/Pacific Islander | White non-Hispanic |
| African American | Hispanic               | Other: _____       |

I hereby make this application for admission to CAATS/STVU and promise to abide by the regulations of the institution and to promote its best interest. I certify that to the best of my knowledge, all answers given in this application are correct.

I authorize the person I listed in the reference section to give information about me. I agree that this application and all supporting documents submitted will become property of the institution.

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

Please mail the completed application to:

SCUPE  
200 N. Michigan Ave., Suite 502  
Chicago, IL 60601-5909



Please check: Term Year\_\_\_\_ Day\_\_\_\_ NTH\_\_\_\_ Special Admission\_\_\_\_

Christian Ed. Specialty\_\_\_\_ Dual Degree\_\_\_\_

SAMUEL DeWITT PROCTOR SCHOOL OF THEOLOGY
VIRGINIA UNION UNIVERSITY
1500 N. Lombardy Street Richmond, VA 23220
(804) 257-5715
Masters of Divinity Degree Program

ADMISSION APPLICATION

(Please type or print)

Name (Last) (First) (Middle)

Present Address

City/State/Zip Code

Phone # ( ) Permanent Phone # ( )

Permanent Address

City/State/Zip Code

Place of Birth Date of Birth

State of Legal Residence Citizenship Visa Status

Name of Spouse Occupation of Spouse

Children's Names/Date of Birth

Academic Record (List institutions previously attended)

Name Location Dates Attended Degree Rec'd Year

(College/University)

(College/University)

(Theological School)

(Other Schools)

What was your major? Undergrad Grad

What academic honors/awards have you received?

Have you ever been dismissed from or are you currently on probation from any other school? Yes No
If yes, please explain on a separate sheet.

**Present Church Membership** \_\_\_\_\_

**Address** \_\_\_\_\_

**Denomination: Be specific (Ex. Am. Bapt., Un. Meth.)** \_\_\_\_\_

**Name and Address of Pastor** \_\_\_\_\_

**When did you decide to enter the inistry?** \_\_\_\_\_

**Are you licensed?** \_\_\_\_\_ **Licensed date** \_\_\_\_\_

**Are you ordained?** \_\_\_\_\_ **Ordination date** \_\_\_\_\_

**Specify what experience you have had in church work:** \_\_\_\_\_

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**Indicate the type of religious work in which you are most interested** \_\_\_\_\_

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**Present Occupation/Employer** \_\_\_\_\_

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**Community Involvement (Include volunteer experiences)** \_\_\_\_\_

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**List names and full addresses of persons who will serve as references:**

**Your Pastor** \_\_\_\_\_

**College professor in your field** \_\_\_\_\_

**Two Other acquaintances** \_\_\_\_\_

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**Please list the name, address, relationship and phone number of a person to contact in case of an emergency.**

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

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

**As a matter of policy, the Samuel DeWitt Proctor School of Theology of Virginia Union University does not discriminate among applicants or participants on the basis of race, sex, national origin, color, or handicap.**

**Please return this form to: SCUPE  
200 N. Michigan Ave., Suite 502  
Chicago, IL 60601**

### **AUTOBIOGRAPHY**

**Please write an autobiography stating your general background, religious experience, and understanding of “call to ministry” and the anticipated use of your theological education. (Use back of sheet if necessary)**

**Pastoral Reference Form**  
**Center for African American Theological Studies**

Applicant=s Name: \_\_\_\_\_

In seeking admission to the Center for African American Theological Studies (CAATS) the above applicant is required to have this form filled out and returned to the SCUPE Admissions Office. We seek individuals who are qualified to pursue theological studies and who have the potential to serve effectively in the ministry they choose; we would appreciate a frank evaluation of this applicant. If you feel that this form in not adequate for your remarks, please feel free to provide your response in any form you choose.

**CONFIDENTIALITY:** Federal law gives students the option to waive their right to see specific letters of recommendation. If the applicant has not signed the waiver on the reverse side of this form, it will be assumed that you are submitting information with full knowledge that it may be seen by the applicant if he or she is accepted and enrolls in the CAATS program.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please evaluate the applicant in the following areas: *(Circle only one number for each item using the following scale: 1-Excellent 2-Very Good 3-Average 4-Poor N-Not Observed)*

|                                |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|
| Christian faith and commitment | 1 | 2 | 3 | 4 | N |
| Moral character                | 1 | 2 | 3 | 4 | N |
| Leadership                     | 1 | 2 | 3 | 4 | N |
| Ability to communicate         | 1 | 2 | 3 | 4 | N |
| Personal maturity              | 1 | 2 | 3 | 4 | N |
| Spiritual maturity             | 1 | 2 | 3 | 4 | N |
| Ability to work with others    | 1 | 2 | 3 | 4 | N |
| Reliability                    | 1 | 2 | 3 | 4 | N |
| Emotional stability            | 1 | 2 | 3 | 4 | N |
| Interpersonal relationships    | 1 | 2 | 3 | 4 | N |
| Academic/educational potential | 1 | 2 | 3 | 4 | N |

3. What do you see as the applicant=s strengths? \_\_\_\_\_  
 \_\_\_\_\_

4. What do you see as the applicant=s weaknesses? \_\_\_\_\_  
 \_\_\_\_\_

5. Other comments? \_\_\_\_\_  
 \_\_\_\_\_

6. Do you recommend this person for admission to a degree granting academic program of SCUPE?  
 \_\_\_Highly recommend \_\_\_Recommend \_\_\_Recommend with reservations \_\_\_Do not recommend

7. Has the applicant shown promise for ministry? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

*(Please return from directly to SCUPE, 200 N. Michigan Avenue, Suite 502, Chicago, IL 60601-5909)*

**Reference Waiver**

The Family Education and Privacy Act of 1974 provides the applicant the right to information provided by their references after the application has been accepted and the applicant has enrolled in the CAATS program. The law also allows the applicant the privilege to waive the right of access, an action which may enhance the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can it discriminate in any way against any applicant who does not waive his or her right to access.

Please check one:

- I waive my right of access.
- I do not waive my right to review this form.

Applicant=s signature \_\_\_\_\_ Date \_\_\_\_\_