

DOCTOR OF MINISTRY DEGREE ADMISSION APPLICATION

Please Type or Print Legibly.

Application Fee: \$75.00 Payable to Payne Theological Seminary. Money Order, Check or Credit Card accepted. Fee is non-refundable. For Credit Card, contact the Business Office at (937) 376-2946 x205.

1	AKI 1. A. I	ERSONAL & FROF	ESSIONAL INFO	RMATION
Date:			SSN:	
Desired Admission D	ate: □ Fa	ll Year: 20		
Name:				
Last		First	Middle	Maiden
Permanent Address:	Street Address/			
	City		State	Zip/Postal Code
Current Address:	Street Address/	P.O. Box		
	City		State	Zip/Postal Code
Contact Information: (Please Include Area Codes)	Home No.		Work No./Ext.	
	Cell No.	Fax	No.	E-Mail Address
Occupation:			M/F Ethnicity:	
Date of Birth:		City/State	of Birth:	
Marital Status:	□ Single	□ Married	□ Divorced	□ Separated
No. of Children:		Ages:		

B. BACKGROUND CHECK

Payne Theological Seminary is committed to the personal and moral integrity of its degree candidates. Payne is also committed to spiritual redemption and personal transformation. Every applicant for the DMin program is required to submit to a criminal background check before being admitted. The Registrar

will provide a link to an online website for this purpose. Applicants whose background searches identify an area of concern will have the opportunity to respond in writing to the DMin Admissions Committee.

C. ACADEMIC HISTORY

Please list all colleges, graduate schools, and seminaries attended in chronological order.

Name of Institution (Include City/State)	Dates of Attendance (Start Date/Yr. – End Date/Yr.)	Degree	Date Graduated

D. EMPLOYMENT HISTORY

Please list employment history with the most recent first.

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E. COMMUNITY INVOLVEMENT

Please list all activities with the most recent first.

Name of Activity	Type and Nature of Responsibility

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F. Chure	CH AND MINISTRY ACTIVITY
Denomination Affiliation:	
If part of the African Methodist Episcopal Church	, please answer:
Episcopal District:	Conference:
Bishop:	
Poston's Name/Address:	
Are you ordained? □ Yes □ No	
Total years of ordained ministry experience	ce: years
Describe your current ministry context and	d your role in that context:
	C Properties
	G. References
Payne requires at least three letters of recomm 1. Someone who has supervised 2. Pastor or denominational repr 3. A colleague, a former profess	resentative.
Name of Reference & Relationship	Address and Telephone Number
1.	
2.	
3.	

PART II: DMIN ESSAY

your current ministry those goals. Attach y	our essay to your cor	ne now the Doctor of the normal matter application	or Ministry degree or upload it	will help you to ac	nieve



DOCTOR OF MINISTRY (DMIN) RECOMMENDATION FORM

RELEASE AUTHORIZATION

This section is to be completed by applicant: ☐ I waive the right to access this reference form. This reply will be kept confidential. ☐ I do not waive the right to access this reference form. I may request to view the material. Applicant's Signature Date Print Name Phone: Email REFERENCE This section is to be completed by referee: The person named above has applied for admission to Payne Theological Seminary, a graduate professional school affiliated with the African Methodist Episcopal Church (A.M.E.) and has indicated that you could provide us with a recommendation. Your honest evaluation of this individual's capabilities for graduate studies and work within the church would be greatly appreciated. Your response is one of several that will be utilized in making the decision regarding admission to Payne. Where there are options, please check only one (1) box unless instructed otherwise. Thank you for your input. How long have you known the applicant and in what capacity? In your estimation, what is the applicant's greatest strength? What do you feel are areas of opportunity/growth for the applicant?

How a	re the applicant's people skills?			
	Relates very well with others. Is polite, amicable, thoughtful, and considerate.			
	There is reason to believe that the applicant has difficulties relating to others.			
	☐ This person has difficulty accepting people who have different views.			
Please comment on the applicant's ability to communicate with people of different ages and backgrounds.				
How w	vell does this person deal with authority, whether in a position of leadership or not?			
In you	r estimation, how emotionally mature is the applicant?			
	Mature and emotionally stable. One can count on this individual.			
	Usually mature; usually stable.			
	There is reason to believe the individual may not be able to handle moderate stress.			
	Applicant seems to have serious emotional problems.			
How is	s the applicant's faith made manifest? (Check all that apply)			
	Patterns life after the teaching of the church.			
	Peacemaker			
	Seeks to build bridges of hope and trust.			
	Has a desire to help others.			
	Enjoys discussing issues of faith.			
	Respects the beliefs of others.			
	Interested in learning more about own religious tradition.			
	Can sometimes be abrasive or offensive in attempting to communicate beliefs.			
	Uncomfortable with those who believe differently.			
	Self-centered			
What e	evidence in the applicant's life leads you to believe that this person is deeply committed to the church?			

In your	estimation, how will this person handle the academic requirements of graduate school?			
	Excellent study and research skills. Capable of conducting an original research project.			
	Is a very steady and capable student. Will do very adequate graduate work.			
	Will exert more effort than in past and is motivated to do solid graduate work.			
	May have some difficulty in graduate work, but with support, will succeed.			
	May not be able to handle graduate work.			
Overal	l Evaluation:			
	I recommend this applicant without reservation as an excellent prospect for graduate theological education. Applicant is an established church leader already and will grow further with the DMin program.			
	Overall, I recommend this individual as a good prospect for graduate theological education and church leadership. I have no major concerns or reservations.			
	I have some reservations, but I feel the applicant has a reasonable chance for achievement in graduate school and as a church leader.			
	I have substantial doubts about this applicant.			
	☐ I have additional comments that I would like to communicate with the DMin Director or Academic Dean confidentially. I would like to request a phone conversation.			
 Signatu	rre Title			
Signau	Title Title			
Print N	ame Date			
Daytim	e Telephone Number E-Mail Address			
Cell Ni	May we contact you with any questions? ☐ Yes ☐ No nmber			
	Transit vol. For a Format and government and govern			
	THANK YOU FOR LEGIBLY AND COMPLETELY FILLING OUT THIS FORM. Return form to: Payne Theological Seminary ATTN: Office of Admissions 1230 Wilberforce-Clifton Road, P.O. Box 474			

Wilberforce, OH 45384-0474

Or Fax: 937.376.2888 Payne Theological Seminary Master of Divinity Program Recommendation Form – Rev. June 2010