



THE KING'S UNIVERSITY

THE KING'S SEMINARY

Jack W. Hayford, Founder

OFFICE OF ADMISSIONS
14800 Sherman Way, Van Nuys CA 91405-2233
Phone: 818-779-8040 • Fax: 818-779-8429

Please attach
a 2½" x 3" glossy
head and shoulders
photograph

DOCTOR OF MINISTRY APPLICATION FOR ADMISSION

STEPS IN THE ADMISSIONS PROCESS

1. Complete this application. Please type or print all requested information. All portions of this application must be completed in order to be considered for admission.
2. Have official transcripts from all post secondary schools attended sent directly to The King's University, Office of Admissions.
3. Submit a non-refundable \$75 application fee.
4. Submit the completed application and application fee directly to the Office of Admissions. You may fax the application but you **must** follow-up by mailing the original copy.
5. Send Recommendations to appropriate persons and request they forward directly to *The King's*.

PERSONAL DATA

Name _____
FIRST MIDDLE LAST MAIDEN

Preferred First Name _____ Social Security Number _____ - _____ - _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____

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

Fax Number (_____) _____ E-Mail _____

Date of Birth (MM/DD/YY) _____ Age _____

Place of Birth _____
CITY STATE NATION

Gender Male Female

What is your current ministry position? _____ How long have you held this position? _____

Full Official Title of denomination/fellowship _____

NAME OF LOCAL CHURCH/ORGANIZATION _____ YOUR TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

If you are not the Senior Pastor:

PASTOR'S NAME _____ PASTOR'S PHONE NUMBER _____ FAX NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

REFERENCES

List the name/contact information of three (3) required references. **Send Recommendation Forms directly to recommenders and request they mail them directly to the seminary.**

Required references include: (1) A leading lay official in your local church; (2) Your immediate supervisor in ministerial appointment (e.g., your district superintendent); and (3) A ministerial colleague.

First Reference

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone: _____ Fax _____

Second Reference

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone: _____ Fax _____

Third Reference

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone: _____ Fax _____

FINANCIAL INFORMATION

How do you plan to pay for your education?

- Personal Funds Federal Title IV Funding Active Duty Military Assistance VA Benefits
 Vocational Rehabilitation: Type _____ Scholarship: Define the scholarship you have _____
 Other _____

AUTOBIOGRAPHY — *Writing Samples*

To enable the Admissions Committee to better know you, please answer the following questions thoroughly and reflectively. Each question should receive a two-to-three page answer. Responses should be typed. **These typed pages are to be attached to the application.** Please understand that these responses will constitute a writing sample for the Admissions Committee and provide a sample of your ability to communicate clearly.

- A. Reflecting upon your spiritual pilgrimage, describe your spiritual journey chronologically, including the discussion of your personal relationship to Jesus Christ and the most significant events and influences upon your life. What major events and traumas (i.e., family death, divorce, career change, etc.) have occurred in your life and what has been their impact upon you?
- B. Beginning with the most recent, list and discuss your ministry experiences (including dates). What has been your position and responsibilities in each situation? What was the membership of each pastorate? What do you perceive to be your strengths and weaknesses in ministry?
- C. Reflect on your goals in ministry. How will the Doctor of Ministry Program assist you in achieving these goals?

The King's Seminary may require a personal interview, psychological testing, or other information in order to process your application for admissions.

I hereby apply for admission to **The King's Seminary** and certify that to the best of my knowledge the information given in this form is correct. If admitted, I will uphold and abide by all the regulations and standards of **The King's**. I understand that confidential forms may be requested of persons named in this application. Such forms will be sent directly to the Admissions Office with the understanding that their contents are not available to me. I hereby waive my right to their content. I understand that the information contained in my application and student file is available to the faculty and administration of **The King's** for evaluation and advisement purposes.

Signature

Date

The King's Seminary admits students without regard to race, color, sex, national or ethnic origin, handicap or disability, age, marital or veteran status.

APPLICATION CHECKLIST

- Completed application with attached essays Attached photograph
 Official transcripts requested from all schools attended since high school \$75.00 Application Fee
 Formal Recommendations requested

OFFICE USE ONLY

Date Received _____ Application Fee Received _____



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Name

LAST

FIRST

LAY LEADER RECOMMENDATION

Social Security Number _____-_____-_____ ()Mr. ()Mrs. ()Miss

Name _____
LAST FIRST MIDDLE

Mailing Address _____
NUMBER AND STREET CITY/TOWN ZIP

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Fax Number (____) _____ E-Mail _____

To the Applicant: This form should be completed by an individual who is under your ministerial care or supervision and returned by him/her directly to The King's Seminary. I acknowledge that this confidential statement is being submitted to The King's Seminary with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

Signature

To the Recommender: Each applicant for admission to the Doctor of Ministry Program must submit a recommendation from an individual under his/her ministerial care or supervision. Serious consideration will be given to your comments; therefore, please complete the form carefully. Since a candid evaluation is requested, your comments will be held in strictest confidence. The recommendation should be returned directly to the Office of Admissions of The King's Seminary.

1. How long have you known the applicant: _____ In what capacity? _____

2. How well do you know him/her?
- By name/sight Fairly well—numerous personal contacts
 - Casually—few personal contacts Very well

3. How do you rate this person in the following areas?

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVED
CHRISTIAN COMMITMENT					
LEADERSHIP					
MORAL CHARACTER					
INITIATIVE					
COOPERATIVENESS					
RESPONSIBILITY					
SOCIAL ADAPTABILITY					
INTEGRITY					
HONESTY					



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Name

LAST

FIRST

PROFESSIONAL RECOMMENDATION

Social Security Number _____-_____-_____ ()Mr. ()Mrs. ()Miss

Name _____
LAST FIRST MIDDLE

Mailing Address _____
NUMBER AND STREET CITY/TOWN ZIP

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Fax Number (____) _____ E-Mail _____

To the Applicant: This form should be completed by a colleague in ministry and returned by him/her directly to The King's Seminary. I acknowledge that this confidential statement is being submitted to The King's Seminary with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

 Signature

To the Recommender: Each applicant for admission to the Doctor of Ministry Program must submit a recommendation from a colleague in ministry. Serious consideration will be given to your comments; therefore, please complete the form carefully. Since a candid evaluation is requested, your comments will be held in strictest confidence. The recommendation should be returned directly to the Office of Admissions of The King's Seminary.

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