



Emmanuel Baptist Theological Seminary

296 New Britain Avenue, Newington, Connecticut 06111

Phone: (860) 667-6208 Fax: (860) 666-0146

Preparing Men of God in the Word of God for the Work of God

A ministry of Emmanuel Baptist Church

APPLICATION FOR ADMITTANCE

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone No: _____ Email Address: _____ SSN _____

Name, Relationship, Address and Phone Number of Nearest Relative: _____

Date of Birth: ____ - ____ - ____ Birthplace: _____ Citizenship: _____
MM DD YY County, City and State

Are you? Single Engaged Married Widowed Divorced

If married, give full name of spouse: _____

Have you or your spouse been previously married? Yes No If yes, briefly explain:

List Names and Ages of Your Children:

Name	Age
1.	
2.	
3.	
4.	

If married, does your spouse support your decision to attend *EBTS*? Yes No If no, briefly explain:

Give the name and address of the church of which you are currently a member:

Give the name and address of the high school from which you graduated:

List your academic history (college credits, degrees earned, etc.):

Have you ever been expelled or suspended from any school? Yes No. If yes, briefly explain:

Do you have any credits that may transfer to EBTS? Yes No. (If you are transferring credits, you must have an official transcript sent to the Dean of the Seminary.)

The following questions pertain to your personal testimony:

- 1. Do you use alcoholic beverages, tobacco, or any form of non-prescription drugs? Yes No
- 2. Are you a licensed or an ordained minister? Yes No
- 3. Do you feel that God has called you into the Christian ministry? Yes No
- 4. If you answered "yes" to question #3, name the specific area of ministry that you have in mind:
- 5. Are you called to preach? Yes No
- 6. Have you ever been convicted of a misdemeanor or a felony? Yes No
- 7. If you answered "yes" to question #7, please explain:
- 8. Are you in good medical condition? Yes No

Note: If you answered "no" to question #8, please include a statement of health with your application.

List the following references (include complete name, address and phone number):

- 1. Pastor:

- 2. Teacher or Employer:

- 3. Friend:

Are you willing to comply with the rules and regulations of EBTS? Yes No

Are you applying for Pastors' Classes on Mondays Day Classes on Tue. through Fri. Distance Education Program?

When do you plan to attend (semester and year)?

Attach a brief statement of your salvation and call to Christian service.

Applicant's Signature: _____ Date: _____

***A \$30.00 application fee must be submitted with this application.
Make checks payable to EBTS***

For EBTS Use Only

Receipt Letter Sent: _____
Acceptance Letter Sent: _____

Pastoral Rec. Form Sent _____ Received _____
General Rec. Form Sent 1 2 Received 1 2