

APPLICATION FORM FOR THE EPISCOPAL SCHOOL FOR MINISTRY

Please check the appropriate category:

_____ 3 year Certificate program _____ Single course: _____
(requires permission of the Dean)

Please print:

Name: (Mr. /Mrs. /Ms. / Rev.) _____

Address: _____
Street address or P.O.Box No. City State/Zip Code

Name and phone number of person to contact in an emergency:

Employer's Name: _____

Daytime phone no: _____ Evening phone no: _____

Fax no: _____ Email: _____

Congregation: _____

Date of Birth: _____ Date of Baptism: _____ Confirmed? Yes () No ()

Educational Background and dates: (use back of page if more space is needed)

Highest level of Education completed: _____
Career History: _____

Are you requesting scholarship aid? _____
Will you require overnight accommodations? _____
Do you have any special dietary needs? _____ If yes, please list on back of page.
Is there anything else you would like us to know about yourself? Please describe on back of page.

On the back of this page, please tell us what ministries or church activities you are currently involved in and provide a brief statement (100 to 200 words) about why you are interested in this school or course of study.

NOTE: Transcripts and evaluative materials will be shared with the Diocesan Office for those seeking holy orders.

Your signature: _____ **Date:** _____
Signature of Pastor: _____ **Date:** _____
Pastor's phone number: _____

Please mail this form to Cory Hoehn; Episcopal School for Ministry, 1210 Locust Street; St. Louis, MO 63103 with your check in the amount of \$50.00 made payable to Episcopal School for Ministry, for application fee. The fee is non refundable and will be credited to tuition.
Rev. 5-2006/cah