



APPLICATION FORM FOR THE EPISCOPAL SCHOOL FOR MINISTRY

Please check the appropriate category:

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

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

Address: _____

Daytime phone no: _____

Evening phone no: _____

Email: _____

Fax no: _____

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

Employer's Name: _____

Congregation: _____

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

Educational Background and dates:

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:

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 and any information you would like to share about yourself.

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

I understand that acceptance, attendance and completion of the 3 year School program of theological studies does not guarantee I will be given canonical standing as a postulant and or a candidate, or be ordained to Holy Orders.

Your signature: _____ **Date:** _____

Signature of Pastor: _____ **Date:** _____

Pastor's phone number: _____

Please mail this form to 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.

Revised August 2011/bvh