Native Ministries Program

Master of Divinity by Extension

Vancouver School of Theology is fully accredited by the Association of Theological Schools.

Application for Admission

Application Fee: $75
Payable to: Vancouver School of Theology

To: Sponsoring Denominational Constituency

Please have the applicant complete the attached application form and return it to the appropriate denominational representative, i.e., bishop or presbytery representative.

Native Ministries Program
Vancouver School of Theology
6015 Walter Gage Road
Vancouver, BC, Canada
V6T 1Z1

We acknowledge our location on the traditional, ancestral and unceded territory of the Musqueam people.
APPLICATION FOR ADMISSION:
NATIVE MINISTRIES DEGREE PROGRAM

Please note there is a $75.00 non refundable application fee to be paid as part of the application.

This application should be returned to the sponsoring denominational authority (Diocese, Presbytery, etc., if applicable) accompanied by the documents specified below.

PERSONAL INFORMATION

1. Name in Full __________________________________________________________
   Surname (please print) ____________________ Given Names ____________________

2. Permanent Address ______________________________________________________
   City __________________________ State/Province ________ Country ________
   Postal/Zip Code ______________
   Phone (____)____________(____)____________________ Email ____________________
   Home __________________________ Office/Other __________________________

3. Sex ______ Date of Birth __________________ Place of Birth ____________________
   Social Insurance No./Social Security No. ________________________________

4. Tribal Affiliation: __________________________ Denomination ____________________

5. Marital Status: Single ______ Married ______ Divorced ______ Widowed _______
   Name of Spouse: _________________________________________________________
   Children: Boys ______ Ages ______ Girls ______ Ages ________________

6. In case of emergency notify: ____________________________________________
   Name __________________________ Address __________________________ PHONE
   __________________________ __________________________


ACADEMIC BACKGROUND

7. Give details of your educational background, showing schools, universities, seminaries attended and degrees or diplomas received or presently being completed. **Transcripts of credits should be requested from each institution and attached to this form, or sent directly to the Registrar, Vancouver School of Theology.**

<table>
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<tr>
<th>SCHOOL OR UNIVERSITY</th>
<th>LOCATION</th>
<th>YEARS ATTENDED</th>
<th>DEGREES, DIPLOMAS &amp; DATE</th>
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EMPLOYMENT BACKGROUND INCLUDING CHURCH APPOINTMENTS

8. Give details of work/employment in the last ten years:

(a) EMPLOYER | ADDRESS | DATES

 TYPE OF WORK | POSITION HELD

(b) EMPLOYER | ADDRESS | DATES

 TYPE OF WORK | POSITION HELD

(c) EMPLOYER | ADDRESS | DATES

 TYPE OF WORK | POSITION HELD

(d) EMPLOYER | ADDRESS | DATES

 TYPE OF WORK | POSITION HELD

(e) EMPLOYER | ADDRESS | DATES

 TYPE OF WORK | POSITION HELD

9. What specialized or professional training have you undertaken?
10. Please indicate whether you are now ordained or whether you are recognized by your denomination as a candidate for ordained ministry, or are in the process of seeking such recognition.

Enclosures Required:  (An application will be considered when all required enclosures and references from two persons have been received.)

11. Autobiography. Please attach to this application a short biography, written or on audio tape, including such matters as your interests and hobbies, impressions and early memories of family, friends, school, church. Include reflections on your learning from significant events and persons.

The Native Ministries Program is designed to provide a Master of Divinity degree for persons seeking, or already exercising ministry in First Nations settings. With this specific purpose in mind, please articulate:

(1) your current commitment to and/or within a First Nations setting.

(2) your commitment and future aspirations within First Nations settings, and how this program will assist you in further reaching these goals.

12. Official Transcripts. As required in (7) above.

Note: A student applying without a prior degree might be requested to present evidence of ability, either a written document or assessments of supervised experience.

13. A Recent Photograph.

14. References. Please give names, addresses and occupations of TWO persons who can supply references for you, of whom at least one should be ordained. Please send one of the attached forms to each person named, with the request that the form be mailed directly to the Registrar, Vancouver School of Theology, 6015 Walter Gage Road, Vancouver, BC V6T 1Z1. Print your name on each form before mailing it.

NAME    ADDRESS    OCCUPATION

Signature of Applicant ___________________________ ______________________ Date of Application

PLEASE RETURN TO YOUR SPONSORING DENOMINATIONAL AUTHORITY
(Diocese, Presbytery, etc., if applicable)

Freedom of information and protection of privacy: Your personal information on this form is collected under the authority of the Vancouver School of Theology Act (1992) and is needed to process your application. If you have any questions about the collection and use of this information, please contact the Privacy Office at 604-822-9813. All information is held in confidentiality.

Vancouver School of Theology is fully accredited by the Association of Theological Schools.
Confidential Statement concerning ____________________________

The Registrar of Vancouver School of Theology would appreciate a confidential statement from you concerning the person named above who has applied for admission to this School of Theology. Please indicate the length and nature of your relationship to the applicant. Information is desired especially on the following points: (1) character and personality (2) academic ability (3) emotional stability (4) leadership and vocational qualities (5) potential, in your opinion, for full-time study of theology and ministry of the Church.

Date: ____________________________
Signed: __________________________
Position and Title: __________________________
Address: __________________________
Telephone Number: __________________________

Please mail directly to:
Native Ministries Program
6015 Walter Gage Road
Vancouver, BC Canada V6T 1Z1

This should Not be returned to the applicant.
Confidential Statement concerning ________________________________

The Registrar of Vancouver School of Theology would appreciate a confidential statement from you concerning the person named above who has applied for admission to this School of Theology. Please indicate the length and nature of your relationship to the applicant. Information is desired especially on the following points: (1) character and personality (2) academic ability (3) emotional stability (4) leadership and vocational qualities (5) potential, in your opinion, for full-time study of theology and ministry of the Church.

Please mail directly to:

Native Ministries Program
6015 Walter Gage Road
Vancouver, BC Canada V6T 1Z1

This should Not be returned to the applicant.

Date: ____________________________

Signed: __________________________

Position and Title: __________________

______________________________

Address: _______________________

______________________________

Telephone Number: _______________
STATEMENT OF SUPPORT

Signatories to this document indicate willingness to participate in ensuring the provision of support to enable:

(Name of student)

to pursue theological studies toward a Master of Divinity degree by extension or a Diploma in Theological Studies by extension offered by Vancouver School of Theology. This support will include (check all that apply):

- Educational support
  - Assisting VST in recruiting a tutor,
  - Sharing in the evaluation of the student,
  - Helping to identify a field education/practicum site

- Financial support to supplement support provided by the school
  - Tuition
  - Travel
  - Books
  - Room and board

Signatories sign on behalf of (check all that apply):

- Church judicatory (presbytery, diocese, association, congregation)
- Village government/Band Council/Education Office
- Other (Please specify)

Revised Mar 2015

__________________________                   ______________________
NAME (print)                                TITLE                        GROUP REPRESENTED
_________________________
SIGNATURE                                     DATE
FOR SELF-FUNDED STUDENTS

Please indicate the extent to which you are able to meet tuition and other expenses of this program:

_________________________________________________________________________________

_________________________________________________________________________________

SIGNATURE ____________________________  DATE ________________