



SEMINARY OF THE ROCKIES

Application for Admission

Date: _____

Name: _____

Street Address: _____

Phone: _____

City: _____

E-mail: _____

State: _____ ZIP: _____

Check degree program desired: Master of Divinity
 Master of Arts in Practical Theology (Music and/or Youth Ministry)

Education:

High School: _____ Graduation Date: _____

College or University: _____ G.P.A.: _____ Graduation Date: _____

Extracurricular activities in *high school*: (List the three most important to you and where you feel you made a significant contribution.)

Extracurricular activities in *college*: (List the three most important to you and where you feel you made a significant contribution.)

Why do you want to go to seminary? (150 words or less)

Do you feel you are a good leader? If so, why? (150 words or less)

References:

Name: _____
Address: _____
Phone: _____ E-mail: _____

Name: _____
Address: _____
Phone: _____ E-mail: _____

Name: _____
Address: _____
Phone: _____ E-mail: _____

Please mail your completed application to:

Seminary of the Rockies
PO Box 7358
Boulder, CO 80306

**You can also email your application as an
attachment to application@seminaryrockies.org
or fax it to (888) 589-8889.**

Seminary of the Rockies does not discriminate with regard to race, national origin, or sex.