

Whitefield Theological Seminary

APPLICATION FOR ADMISSION



PERSONAL INFORMATION

Mr. Rev. Miss Mrs. _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip) (Country)

Home Phone: (____) ____-____ Business Phone: (____) ____-____ Fax: (____) ____-____

E-mail: _____ Citizenship: _____ Place of Birth: _____

Date-of-Birth: _____ Single Married Separated Divorced Remarried

Spouse's Name: _____ Number of Children: _____

EDUCATIONAL GOALS

Do you plan to graduate from Whitefield Theological Seminary? Yes No Undecided

If yes, for which degree are you applying? _____

Which major? _____

ECCLESIASTICAL INFORMATION

Name of Church: _____

Denominational Affiliation: _____

Address: _____
(City) (State) (Zip) (Country)

Pastor's Name: _____ Phone: (____) ____-____

Are you a church member? Yes No How often do you attend? _____ Years attended: _____

Are you currently: Licensed to Preach Ordained Denomination: _____

Have you ever been under church discipline? No Yes (*Attach details on a separate paper.*)

EDUCATIONAL INFORMATION

High School: _____ Grad. Date: _____

College: _____ Degree: _____ Grad. Date: _____

College: _____ Degree: _____ Grad. Date: _____

College: _____ Degree: _____ Grad. Date: _____

EDUCATIONAL INFORMATION (CONTINUED)

Seminary: _____ Degree: _____ Grad. Date: _____

Seminary: _____ Degree: _____ Grad. Date: _____

Seminary: _____ Degree: _____ Grad. Date: _____

PERSONAL REFERENCES

Name: _____

Address: _____
(City) (State) (Zip) (Country)

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____ Years known? _____

Name: _____

Address: _____
(City) (State) (Zip) (Country)

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____ Years known? _____

Name: _____

Address: _____
(City) (State) (Zip) (Country)

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____ Years known? _____

ENROLLMENT INSTRUCTIONS

Please send the following information to Whitefield Theological Seminary at the address below:

1. A written statement of salvation and doctrine.
2. This application and the Student Disclosure Form appropriately filled out.
3. Transcripts of any college/seminary level work completed.
4. Current passport type photograph of yourself.
5. Letters from three personal friends (not related) stating their knowledge of you and recommending you to Whitefield Theological Seminary.
6. A similar letter from your church session, consistory, board of elders, or pastor.
7. A check or money order made out in U.S. funds to include the following:
 - A non-refundable application fee of \$100.00. Tuition Fees (paid in full) or
 - Whitefield Payment Plan Program: Monthly Fee: Please choose: \$ 80.00 \$100.00.

**Whitefield Theological Seminary, Admissions Department
P.O. Box 6321, Lakeland, Florida 33807, United States of America**

Please sign the following:

I agree to make payments to Whitefield Theological Seminary (WTS) according to the payment plan selected by me on this page and explained in the Administrative Bulletin. I understand the refund policy and the degree programs offered by WTS. I will do all my work and will not share my work with other students. I will not make copies of any taped or written materials supplied by WTS without written approval from WTS Administration. I understand that if it is ever discovered that I have violated this agreement, I may be expelled from WTS, wherein: all courses taken will be counted as failures, any degrees that have been granted by the Seminary may be revoked; and there will be no refunds on any monies paid or owed to the Seminary. There is no time limit to these penalties. Having fully understood this and freely agreeing to it, I place my signature below.

(Signature of Applicant)

(Date)

Whitefield Theological Seminary

STUDENT DISCLOSURE FORM



Student's Name (Please print)

- I have read the Whitefield Theological Seminary catalog and Administrative Bulletin and have enrolled with full knowledge of their standards and practices for postsecondary education.
- I understand the required fees, tuition and refund policy of Whitefield Theological Seminary.
- I understand the student dismissal policy of Whitefield Theological Seminary.
- I understand that the educational programs offered by Whitefield Theological Seminary are designed for ecclesiastical vocations.
- I understand that Whitefield Theological Seminary is not accredited by any agency under the guidance of the United States Department of Education, and that transfer of credit is left to the discretion of the receiving institution.
- I understand the lecture tape rental policies and agree not to loan, lease, sell, copy or allow other students to use the tapes without written permission of Whitefield Theological Seminary.
- I understand that Whitefield Theological Seminary is not responsible for my employment with any church, denomination or religious organization with which I make application.
- I understand that all course work required for credit at Whitefield Theological Seminary must be my own work.
- I understand that I am responsible for contacting the Seminary on a monthly basis as to my progress and that my mentor must contact the Seminary on a semi-annual basis to report my progress.
- I understand that my withdrawal from the Seminary will not be completed until I have returned all materials to the Seminary.
- I understand that all tuitions paid in full will not be refunded past 20 days.
- I understand that I will be responsible for all unpaid fees and will not be able to receive transcripts until such fees are paid in full.
- I have not been misled in my inquiry for enrollment with Whitefield Theological Seminary and hold the Seminary harmless from any and all of my own misunderstandings.

(Signature of Student)

(Date)

Whitefield Theological Seminary

MENTOR APPLICATION FORM



PERSONAL INFORMATION

Mr. Rev. Dr. _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip) (Country)

Home Phone: (____) ____-____ Email: _____

Age: _____ Is there a familial relationship with the student? No Yes (*Specify*) _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____
(City) (State) (Zip) (Country)

Years with this employer: _____ Position held: _____

ECCLESIASTICAL INFORMATION

Name of Church: _____

Denominational Affiliation: _____

Address: _____
(City) (State) (Zip) (Country)

Pastor's Name: _____ Phone: (____) ____-____

EDUCATIONAL INFORMATION

Highest degree attained: _____ Major: _____ Grad. Year: _____

College/ University/ Seminary: _____

AFFIRMATIONS

I am willing to serve as a mentor for _____

I understand that Whitefield Theological Seminary is not responsible for the payment of fees to the mentor. Such fees, if any, should be arranged between the student and mentor.

(Signature of Mentor)

(Date)