

**For Office Use Only**

App. fee \_\_\_\_\_ Res. fee \_\_\_\_\_

Ph  Email  Mail

*Application Form*



**PROVIDENCE**

ESTABLISHED 1925

THEOLOGICAL SEMINARY

**APPLICATION FOR ADMISSION  
Doctor of Ministry Program**

Please include two recent photographs of yourself.

Do not send group pictures or pictures larger than 2x2 inches (5x5 cm)

Complete fully and mail to:  
The Admissions Office  
Providence Theological Seminary  
Otterburne, Manitoba R0A 1G0

PLEASE PRINT

Date of application \_\_\_\_\_

Applying to begin studies in August, 20 \_\_\_\_\_

Name \_\_\_\_\_  Male  Female  
Family Name Given Names in Full (Circle the name you normally use)

Present Mailing Address \_\_\_\_\_  
Street or Box City Province/State Postal Code/Zip

Permanent Mailing Address \_\_\_\_\_  
Street or Box City Province/State Postal Code/Zip

Telephone # home (\_\_\_\_\_) \_\_\_\_\_ work(\_\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Citizen of what country? \_\_\_\_\_

Current Canadian Immigration Status  
 Permanent Resident\*  Study Permit\*  Need study permit  
*\*Please send us a copy of this documentation*

First Language \_\_\_\_\_ TOEFL Score (if first language is not English) \_\_\_\_\_

Birthdate \_\_\_\_\_ m/d/y Place of Birth \_\_\_\_\_

Marital Status  Single  Married  Divorced  Separated  Remarried  Widowed

If Married, Please Give Spouse's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Names/Genders/Birthdates of Children \_\_\_\_\_

Canadian Social Insurance Number \_\_\_\_\_

I am applying for the following program: (please select one of the following, according to the Catalogue specifications)

- Doctor of Ministry
  - Counselling Track
  - Pastoral Track
- Campus
  - Otterburne, Manitoba
  - Cambridge, Ontario

How did you hear about Providence Theological Seminary? \_\_\_\_\_

If you have questions, please contact the Admissions Office: 1-800-668-7768 • info@prov.ca • www.prov.ca

## Educational Information

Please list all schools attended after high school graduation

Institution	Dates Attended	Degree	Year degree rec'd

Undergraduate Major \_\_\_\_\_ Graduate Major \_\_\_\_\_

Do you consider your scholastic record an adequate index of your academic abilities?  Yes  No If not, please explain.

**Transcripts of all your post-high school work are required for admission. Please ask the institutions to send a transcript directly to: The Admissions Office, Providence Theological Seminary, Otterburne, Manitoba, Canada R0A 1G0.**

Home Church \_\_\_\_\_

Denomination (Be specific) \_\_\_\_\_

Ministry History:	Place	Work Done	Dates Worked

Are you  Licensed?  Ordained? Date \_\_\_\_\_ Attach additional sheet if more space is required

Counselling Track:  Registered/Licensed Counsellor with \_\_\_\_\_ Insurance:  Yes  No  
 Professional Association membership: \_\_\_\_\_

How would you like to be contacted?  Email  Phone  Mail  Other \_\_\_\_\_

The following information may be given on a voluntary basis and is used solely for the purposes of the accrediting agency.  
 Ethnic origin:  Aboriginal/Inuit  White  Black  Asian  Hispanic

Please give the names and complete addresses of four references: a Board Chair, a Professor, and two Christian colleagues.

1. Board Chair \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_
2. Professor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_
3. Colleague \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_
4. Colleague \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

It is the policy of Providence Theological Seminary in the admission of students or the hiring of employees not to discriminate on the basis of the applicant's race, colour, sex, or national or ethnic origin. Personal information provided in this application packet will be used solely to facilitate your application process.

I understand and accept that submission of this application does not imply my acceptance as a student, and that Providence Theological Seminary retains the right to refuse my application in its sole discretion without further obligation to me. I hereby agree that references are given in confidence as a part of this application procedure and are the confidential property of Providence, and I waive the right to see them.

I understand that by enrolling in Providence Theological Seminary, I become a part of the Providence community. I understand that the faculty teaches in accord with the Covenant of Faith and that it upholds the Mission and Academic Covenants, and while I am a part of the Providence community I agree to live in accordance with the Covenant of Community Life as published in the Seminary Catalogue. (available on the Providence website)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Professor Recommendation

(Confidential)

**To the Applicant:** PRINT your name and address on the lines below. Give this form and the post-paid envelope to your reference. **Note: Family members cannot complete letters of reference.**

Name of Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City Province/State Postal Code

**To the Recommender:** Please complete this form, commenting on those areas where you have a knowledge of the applicant. Send the form in the postpaid envelope provided by the applicant, directly to the Providence Seminary Admissions Office. **Please do not give the form back to the applicant.** This reference will remain confidential. The applicant has waived the right to see the completed reference.

How do you assess the applicant's abilities and character in the following categories, as compared to his/her peers?

	Not Observed	Weak	Fair	Good	Very Good	Out-standing
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquisitiveness and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministerial leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to persons in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete other side.



# Board Chair Recommendation

(Confidential)

**To the Applicant:** PRINT your name and address on the lines below. Give this form and the post-paid envelope to your reference. **Note: Family members cannot complete letters of reference.**

Name of Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City Province/State Postal Code

**To the Recommender:** Please complete this form, commenting on those areas where you have a knowledge of the applicant. Send the form in the postpaid envelope provided by the applicant, directly to the Providence Seminary Admissions Office. **Please do not give the form back to the applicant.** This reference will remain confidential. The applicant has waived the right to see the completed reference.

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Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquisitiveness and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministerial leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to persons in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete other side.

**To the Recommender:** This student is applying for admission to a program leading to the Doctor of Ministry degree. In the space below, please write a confidential statement concerning this applicant. Particular attention should be given to the student's intellectual ability, commitment to ministry, capability in ministry, relational abilities, and in what capacity you know him/her.

Check one:

I recommend with enthusiasm    I recommend    I do not recommend

I recommend with this reservation \_\_\_\_\_

Name of Reference \_\_\_\_\_ Please Print      Email Address \_\_\_\_\_

Address \_\_\_\_\_ Street or Box      \_\_\_\_\_ City      \_\_\_\_\_ Province/State

Postal Code \_\_\_\_\_      Telephone (\_\_\_\_\_) \_\_\_\_\_

Church \_\_\_\_\_      Position \_\_\_\_\_

Date \_\_\_\_\_      Signature \_\_\_\_\_

Would you like to receive more information about Providence Seminary?    Yes    No

Specific program interest \_\_\_\_\_

# Colleague Recommendation

(Confidential)

**To the Applicant:** PRINT your name and address on the lines below. Give this form and the post-paid envelope to your reference. **Note: Family members cannot complete letters of reference.**

Name of Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City Province/State Postal Code

**To the Recommender:** Please complete this form, commenting on those areas where you have a knowledge of the applicant. Send the form in the postpaid envelope provided by the applicant, directly to the Providence Seminary Admissions Office. **Please do not give the form back to the applicant.** This reference will remain confidential. The applicant has waived the right to see the completed reference.

How do you assess the applicant's abilities and character in the following categories, as compared to his/her peers?

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Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquisitiveness and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministerial leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to persons in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete other side.



# Colleague Recommendation

(Confidential)

**To the Applicant:** PRINT your name and address on the lines below. Give this form and the post-paid envelope to your reference. **Note: Family members cannot complete letters of reference.**

Name of Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City Province/State Postal Code

**To the Recommender:** Please complete this form, commenting on those areas where you have a knowledge of the applicant. Send the form in the postpaid envelope provided by the applicant, directly to the Providence Seminary Admissions Office. **Please do not give the form back to the applicant.** This reference will remain confidential. The applicant has waived the right to see the completed reference.

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Industry and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquisitiveness and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministerial leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to persons in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete other side.



# Medical/Mental Health History

This Information is Confidential (to be completed by the applicant)

Name of Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle Day Month Year

Mailing Address \_\_\_\_\_  
Street City Prov./State Postal Code/Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_

In which Canadian province do you have medical insurance/coverage? \_\_\_\_\_ Policy No. \_\_\_\_\_

Note: International and American students must enroll in the Great West Life Manitoba International Students Health Insurance Plan at registration time.

1. Do you have any known allergies (medication, foods, other)  Yes  No If yes, please identify and give details: \_\_\_\_\_

2. Have you ever had any mental health issues?  Yes  No If yes, please complete the following:  Depression  Eating Disorders  Addictions  Suicidal Intent  Panic/Anxiety Disorders  Other \_\_\_\_\_

If yes, please attach a letter with comprehensive details of the issue, including history, current situation, dates, and treatment.

If you are currently using medication or receiving treatment for any mental health issues, please have your mental health professional complete the Mental Health section on the reverse side.

3. List any medical conditions or diseases. (e.g. diabetes, epilepsy, asthma, migraine) \_\_\_\_\_

4. Name any drugs or medicines you use frequently or regularly. \_\_\_\_\_

5. Have you ever used drugs non-medically?  Yes  No If yes, please complete the following:

tobacco Date of last usage \_\_\_\_\_ Frequency of use (daily, weekly, monthly) \_\_\_\_\_

illegal drugs Date of last usage \_\_\_\_\_ Frequency of use (daily, weekly, monthly) \_\_\_\_\_

alcohol Date of last usage \_\_\_\_\_ Frequency of use (daily, weekly, monthly) \_\_\_\_\_

other \_\_\_\_\_

6. Do you have any physical handicaps or learning disabilities?  Yes  No

If yes, please attach a letter with a detailed description, including types of learning assistance required.

7. List any contagious diseases you have/have had. (e.g. infectious mononucleosis (mono), hepatitis, tuberculosis)

I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content of the doctor's or counsellor's report as given on the reverse side of this form. I also give Providence Seminary permission to contact the doctor/counsellor should more detailed information be needed

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Physical/Mental Health Report

Please have your physician/mental health professional complete the appropriate sections only if (a) you have any chronic or debilitating medical conditions that require special medical attention, medication, or diet, or if your activities are restricted in any way, or (b) you are under treatment by a mental health professional.

Please review the history as completed by the applicant on the other side and note if the applicant has waived his/her right or privilege to inspect or challenge the information you will give on this form.

## Physical Report

Patient's name \_\_\_\_\_  
Last First Middle

How long have you attended (known) this person? \_\_\_\_\_

Any allergies to medications or specific allergens (please name) \_\_\_\_\_

Any current disabilities \_\_\_\_\_

Illness history: specify date and current implications \_\_\_\_\_

History of infectious diseases \_\_\_\_\_

Surgical history \_\_\_\_\_

Does applicant take medications occasionally or habitually?  Yes  No If yes, please specify the medication and why it is taken.

Special dietary requirements: \_\_\_\_\_

Recommendation (including remarks on medical history completed by the applicant):

## Mental Health Report

Patient's name \_\_\_\_\_  
Last First Middle

How long has the applicant been a client of yours? \_\_\_\_\_

Has the applicant been diagnosed?  Yes  No If yes, please state diagnosis. \_\_\_\_\_

Is the applicant on medication?  Yes  No If yes, please specify details including type of medication, frequency of use, how long the applicant has used the medication, and reason for the medication. \_\_\_\_\_

Please list any details which would be important for us to know as we consider this applicant for admission (e.g., ability to function academically, ability to live in close community with others, possible supports or resources needed). If more space is needed, please attach a letter with a detailed explanation.

Physician's/Mental Health Professional's Name \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send directly to: **The Admissions and Records Department**  
Providence Theological Seminary, 10 College Crescent, Otterburne, Manitoba R0A 1G0  
**(Not to pass through the hands of the applicant after examination.)**

# Applicant Self-study

All applicants must complete this form

**To the Applicant** Name \_\_\_\_\_

As you prepare to enrol in the Doctor of Ministry program, it is important that you, as an individual, evaluate your own ministry, your motivation for enrolling in the program, and your objectives for future ministry. Please complete this self-study prayerfully, thoughtfully, and as part of your potential preparation for future study.

## Respond to questions 1–4 on separate pages, as many as you need to respond.

1. Relate your personal spiritual history, including your Christian experience, discipleship, and call to ministry.
2. (A) Describe the various ministries to which you have been called (leave current ministry to section B of this question), describing briefly their type, primary focus, unique areas, high and low points, and duration. If you can, share with us the factors which prompted you to move from each ministry.  
  
(B) Give a description of your current ministry, relating (a) your experience as a pastor/counsellor, (b) church strengths and weaknesses, (c) potential, (d) growth factor, (e) goals of church, (f) and any other ministry aspect you feel is relevant. (If you are not in a pastoral position, attempt to parallel the above points in regard to your professional ministry position.
3. Outline from a theological perspective your understanding of **ministry**.
4. What is your understanding of the **ministry of the whole church**? How does this translate into actual practice within the life of the church?
5. Evaluate your ministry by briefly responding, in the space provided, to the following questions:  
(A) What is your style of leadership (e.g. authoritarian, democratic, consensus, etc.)?  
  
(B) What is your style of ministry (e.g. traditional, contemporary, innovative, etc.)?  
  
(C) What is your emphasis in ministry (e.g. preaching, counselling, etc.)?  
  
(D) What are your spiritual gifts for ministry?  
  
(E) As you reflect on your responses to sections A–D above, what do you see as being your strengths and weaknesses in ministry?

6. What is your reaction to ministry being termed *professional*? What is your concept of *professional* education such as offered by the D.Min. program?

7. Since a part of the program is based on a project conducted within the context of your current ministry, do you foresee your ministry remaining stable for three years or until the completion of your D.Min. degree?

8. Why do you want to take a D.Min. degree?

9. What difference do you see between a D.Min. and a Ph. D.

10. Who will benefit most from your successful completion of a D.Min.?

11. What are your long-term goals for ministry, and how do you see the D.Min. as contributing to these goals?

Applicant \_\_\_\_\_ Date \_\_\_\_\_