

**For Office Use Only**

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

**APPLICATION FOR ADMISSION**



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

PLEASE PRINT

Please include two recent photographs of yourself. Attach one here and enclose the second.

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

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

*Application Form*

Applying to begin studies in Fall Term (Sept) 20 \_\_\_\_\_ Winter Term (Jan) 20 \_\_\_\_\_ Summer Term (May-Aug) 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 which countries? \_\_\_\_\_

Are you legally allowed to study in Canada?  
 Citizen  Permanent Resident\*  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)

Master of Divinity (3 -year)

Professional

- Biblical Language Track
- English Bible Track
- Pastoral Counselling Track

Honours

M.Div./M.A. Combined (4-year)

Master of Arts (Theological Studies)

Biblical Studies

- Old Testament  New Testament

Theological Studies

Master of Arts (Christian Studies)

Master of Arts in Educational Studies

Educational Ministries:

- General  Children  Youth

TESOL

TTESOL

Student Development

Master of Arts in Counselling

- Otterburne Campus
- Calgary, Alberta, Extension

Master of Arts in Counselling Psychology (3-year)

- Pastoral Counselling
- Marriage and Family
- Congregational Care
- General

Master of Arts in Global Studies

- Missiology  TESOL  TTESOL

Certificate Non-Degree Programs (1-year)

- Diploma in Lay Counselling
- Certificate of Theological Studies
- Certificate in TESOL
- Certificate in TTESOL
- Certificate in Cross-Cultural Discipleship
- Certificate in Youth Ministries
- Certificate in Children's Ministries

Intensive English Program

Programs are subject to change. See on-line catalogue for current listings. www.seminary.ca

## Educational Information

Please list all schools attended after high school graduation

Institution	Dates Attended	Degree	Year degree rec'd or anticipated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Are you applying to other graduate schools this year? If so, which ones? \_\_\_\_\_

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

**Transcripts of all your university or college work are required for admission. Please ask the institutions to send a transcript directly to: The Admissions Office, Providence Theological Seminary.**

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

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

How long have you been a Christian? \_\_\_\_\_ Please list any church ministries you are involved in: \_\_\_\_\_

Are you  Licensed?  Ordained? Date \_\_\_\_\_

How do you plan to finance your education at Providence Theological Seminary? \_\_\_\_\_

Please give the names and complete addresses of four references: your pastor, a college teacher or employer (if out of school more than three years), and two Christian friends.

1. Pastor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

2. Teacher or Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

3. Friend \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

4. Friend \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

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

It is the policy of Providence 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 our website)**

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

# AUTOBIOGRAPHICAL ESSAY

Please write an autobiographical essay (typewritten preferred) of approximately 400 words, including a statement of Christian commitment, subsequent Christian experience, and reasons for pursuing ministry training.

*Auto Sketch*



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Pastor Ref

# Pastor's Reference

(Confidential)

**To the Applicant:** PRINT your name and address on the lines below. Give the reference form and the post-paid envelope to your reference. **Note: Family members cannot fill in letters of reference.** If your spouse or parent is your pastor, or if you are the pastor, then have the reference completed by one of: an associate pastor, former pastor, deacon, elder, or other formal leader or superior in the church.

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

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

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

**To the Reference:** 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.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant?  very well  well  casually
3. Is the applicant a member of your church? \_\_\_\_\_
4. Has the applicant been consistent in attendance? \_\_\_\_\_
5. In what church activities has the applicant participated or given leadership? \_\_\_\_\_
6. Comment briefly on any area of the applicant's family background that would help our understanding of the applicant. \_\_\_\_\_
7. Comment briefly on the applicant's spiritual life and suitability for ministry. \_\_\_\_\_
8. How do you think the applicant will benefit from ministry training at Providence Theological Seminary? \_\_\_\_\_
9. What do you think are the applicant's strengths and weaknesses for ministry? \_\_\_\_\_

Please complete other side.

We would appreciate any additional comments that would aid our understanding of the applicant.

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

	<b>Not Observed</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Out-standing</b>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability and response to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<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"/>
Aptitude for chosen ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one:

I recommend with enthusiasm  I recommend  I do not recommend

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

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

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

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Prof-Emp Ref

# Professor/Employer Reference

(Confidential)

**To the Applicant:** PRINT your name and address on the lines below. Give the reference form and the post-paid envelope to your reference. **Note: Family members cannot fill in letters of reference.** If you are transferring from another seminary or graduate school, have the campus pastor, a Dean of student life, or a Resident Director complete either this form or the Pastor's Reference form.

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

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

City Province/State Postal Code

**To the Reference:** 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..

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

2. If you are a professor, how many courses has the applicant had with you? \_\_\_\_\_

3. How well do you know the applicant?  very well  well  casually

4. Comment briefly on the applicant's personality and character as you have observed it. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe your understanding of the applicant's ability to perform academic work. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How do you feel the applicant will benefit from ministry training at Providence Theological Seminary? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete other side



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Personal Ref

# Personal Reference

(Confidential)

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

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

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

City Province/State Postal Code

**To the Reference:** 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.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

2. How well do you know the applicant?  very well  well  casually

3. Comment briefly on any area of the applicant's family background that would help our understanding of the applicant. \_\_\_\_\_

4. Comment briefly on the applicant's spiritual life and character. \_\_\_\_\_

5. Describe the applicant's commitment to integrity, personal value system, and social conduct. \_\_\_\_\_

6. How do you feel the applicant will benefit from ministry training at Providence Theological Seminary? \_\_\_\_\_

Please complete other side

We would appreciate any additional comments that would aid our understanding of the applicant.

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

	<b>Not Observed</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Out-standing</b>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability and response to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<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"/>
Aptitude for chosen ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one:

I recommend with enthusiasm  I recommend  I do not recommend

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

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

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

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

Relation to Applicant \_\_\_\_\_

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

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

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

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Personal Ref

# Personal Reference

(Confidential)

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

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

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

City Province/State Postal Code

**To the Reference:** 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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2. How well do you know the applicant?  very well  well  casually

3. Comment briefly on any area of the applicant's family background that would help our understanding of the applicant. \_\_\_\_\_

4. Comment briefly on the applicant's personality and character. \_\_\_\_\_

5. Describe the applicant's commitment to integrity, personal value system, and social conduct. \_\_\_\_\_

6. How do you feel the applicant will benefit from ministry training at Providence Theological Seminary? \_\_\_\_\_

Please complete other side

We would appreciate any additional comments that would aid our understanding of the applicant.

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

	<b>Not Observed</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Out-standing</b>
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Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<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"/>
Aptitude for chosen ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one:

I recommend with enthusiasm  I recommend  I do not recommend

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

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

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

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

Relation to Applicant \_\_\_\_\_

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

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

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

# Medical History

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

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

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

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

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

Note: International students who do not have comparable coverage elsewhere **MUST** purchase medical insurance which is available at registration time.

Person to be notified in emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

2. Have you ever struggled with psychological problems? (e.g. suicide, depression, addictions, eating disorders)  Yes  No

If yes, specify problem and treatment received. \_\_\_\_\_

If you are currently under medication or receiving treatment for the above, please have your counsellor complete the appropriate sections 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)

8. Immunity Record: indicate year of last immunization

Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Measles, Mumps, Rubella \_\_\_\_\_

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 Theological Seminary permission to contact the doctor/counsellor should more detailed information be needed

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

# Physical Examination

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

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.

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):

Doctor/Counsellor Name \_\_\_\_\_

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

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

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

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

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

For Office Use Only



# Providence Housing Request Form

All applicants must complete this form

Requested date of occupancy \_\_\_\_\_

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

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
m/d/y

Male  Female Marital Status:  Single  Married  Divorced  Remarried  Separated  Widowed

Names of spouse (if applicable) \_\_\_\_\_

Names and ages of children (if applicable) \_\_\_\_\_

✓ Please check only one of the following campus accommodation options.

Residence Halls (includes meal plan in dining hall).

**A residence reservation deposit of \$75.00 is required. This is non-refundable after July 1 for the fall session, November 1 for the winter session. Those desiring to live in residence must submit the personal information form found on the Providence website (Providence Seminary/Admissions/Seminary Application Form).**

On-Campus Apartment Note: Students must take a minimum of 9 credit hours to live in on-campus housing.

- Bachelor (furnished)
- 1 Bedroom (not furnished)
- 2 Bedroom (not furnished)

I plan to live off-campus and do not require assistance to locate accommodation.

Please provide the following information if you wish assistance in locating off-campus accommodation. **Please note that individuals must make their own arrangements for off-campus housing.**

Type of housing preferred \_\_\_\_\_

Suitable price range \$ \_\_\_\_\_ to \$ \_\_\_\_\_

- Location:  St. Pierre (10 km)  
 Kleefeld (10 km)  
 Niverville (10 km)  
 Steinbach (35 km)  
 Winnipeg (60 km)  
 On-campus mobile home (arrangements made through private owner)

Office use only  
Copy given to Housing Coordinator (date) \_\_\_\_\_ Student Accepted (date) \_\_\_\_\_

