



# APPLICATION FOR ADMISSION

**sioux falls  
seminary**



# completing your application

## Instructions and Checklists for Applicants

### 1

#### Completing the Application

To apply, complete this packet or visit [sfseminary.edu/apply](http://sfseminary.edu/apply) to apply online. Applications are not considered complete until all of the items on the checklist have been received.

### 2

#### Important Deadlines

Applications should be submitted at least one month prior to the beginning of the semester.

### 3

#### Acceptance

Once all application materials have been received, applicant files are processed and reviewed within two weeks. Sioux Falls Seminary can and may request additional information as part of the application process. Applicants will be notified in writing immediately following file review. In the event admission is not granted, the admissions committee reserves the right to withhold specific reasons from applicants.

### 4

#### Questions

For questions, contact the admissions department by calling 800.440.6227 or e-mailing [admissions@sfseminary.edu](mailto:admissions@sfseminary.edu).

## Application Checklist

### All Applicants

#### Application for Admission and Fee

Mail completed and signed application along with a \$25 non-refundable application fee to: Sioux Falls Seminary, 2100 S. Summit Avenue, Sioux Falls, SD 57105 **OR** pay online at [sfseminary.edu/contribute](http://sfseminary.edu/contribute). Write "Application Fee" in the optional text box before hitting "Continue."

No additional steps for auditors.

### Non-Degree and Certificate of Completion Applicants (Additional Steps)

#### Two Recommendations

Two recommendations are needed for admission. At least one of the recommendations must come from a pastor. The other can be completed by a professor, employer, or acquaintance. Recommendations can be completed online or returned by mail.

*Please note: recommendations from immediate members of your family will not be accepted. Sioux Falls Seminary also reserves the right to request additional recommendations if needed.*

### Graduate Certificate, Master's, and Doctor of Ministry Applicants (Additional Steps)

#### Free Application for Federal Student Aid

All Master's and Doctoral applicants are strongly encouraged to complete the Free Application for Federal Student Aid. The form may be filled out at [fafsa.ed.gov](http://fafsa.ed.gov). Sioux Falls Seminary's student code is: G04056. **Only students who have completed a FAFSA will be eligible for Federal and seminary aid.**

#### Autobiographical Statement (Details on next page.)

#### Two Recommendations

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*Please note: recommendations from immediate members of your family will not be accepted. Sioux Falls Seminary also reserves the right to request additional recommendations if needed.*



## Application Checklist

### Continued - Graduate Certificate, Master's, and Doctor of Ministry Applicants (Additional Steps)

- Official Transcripts**  
Official transcripts in sealed envelopes are required and must be sent from all undergraduate and graduate institutions attended.
- Interviews**  
Applicants applying for the M.A. in Counseling or Doctor of Ministry programs will be interviewed as part of the application process. Interviews with faculty members may be requested prior to admission to other degree programs as needed.

### Doctor of Ministry Applicants (Additional Steps)

- Academic Writing Sample**  
Submit an original 15-20 page paper or use a previously written one from your M.Div. studies. The paper should represent your best quality of research and writing and, if possible, be on a subject in your proposed area of concentration. It should include proper citation of references in parenthetical or footnote style.
- Ecclesiastical Endorsement Form**  
Return the completed and signed form to Sioux Falls Seminary, Attn: Enrollment Management, 2100 S. Summit Avenue, Sioux Falls, SD 57105.

## Autobiographical Statement

The autobiographical statement provides you with the opportunity to share the things that have led to your desire to pursue theological education.

Please follow the directions to the right for the specific program to which you are applying. Autobiographical statements can be completed online at [www.sfseminary.edu/apply](http://www.sfseminary.edu/apply) or typed and mailed to: Sioux Falls Seminary, Attn: Enrollment Management, 2100 S. Summit Avenue, Sioux Falls, SD 57105.

## autobiographical instructions

### Graduate Certificate and Master's Program Applicants:

Submit a 1000-word statement that includes:

#### **Life and Faith Experiences**

Describe your personal faith history and how it has led to your decision to pursue graduate studies with Sioux Falls Seminary. (This could include: life experiences, family and marital influences, and significant ways in which God has worked in your life.)

#### **Personal and Spiritual**

Share the personal and spiritual formation goals you'd like to accomplish while at Sioux Falls Seminary. Describe the personal characteristics you think will contribute to your development during seminary.

#### **Vocational**

Discuss your sense of calling or your desire to serve others. Talk about what professional or ministry experiences have led to your decision to pursue theological education. Share your vocational/professional goals after seminary.

### Doctor of Ministry Applicants:

Submit a 5-8 page paper that includes:

- A description of why you are interested in the Doctor of Ministry program at this time. Please include how you perceive this program will help you meet your personal, professional, and academic goals.
- A statement of your initial area of concentration that will likely be the general subject area for your final project (Proclamation of the Gospel, Ministry Leadership, Rural Church Leadership, Missional Church Leadership, Pastoral Care, Marriage and Family Studies, Spiritual Formation, or Biblical/Theological Studies in Ministry). State why you are interested in focusing on this particular area.
- A brief description of your life, including formative experiences.
- A summary of your educational experience.
- An account of your Christian pilgrimage.
- A description of your call to vocational ministry and your vocational ministry experience.



# application for admission

Sioux Falls Seminary | [www.sfseminary.edu/apply](http://www.sfseminary.edu/apply)

## Personal Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Province Zip/Postal Code Country (if other than U.S.)

Phone: Primary (\_\_\_\_) \_\_\_\_\_ Secondary (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Birth: Date \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Month/Day/Year

Country of Citizenship \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_  
or Canadian Social Insurance Number \_\_\_\_\_

Are you eligible for U.S. military education benefits? If so, please check all that apply:

- Tuition Assistance
- Post 9/11 GI Bill
- Montgomery GI Bill
- \_\_\_\_\_

Provide details if necessary: \_\_\_\_\_

Optional. This information has no bearing on your eligibility for admission.

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other \_\_\_\_\_

## Enrollment Information

### Program Desired

- Doctor of Ministry
- Master of Divinity
- Master of Arts (Bible and Theology)
- Master of Arts in Christian Leadership
- Course Audit
- Master of Arts in Counseling
- Graduate Certificate
- Training in Spiritual Direction
- Certificate in Christian Ministry

What is your anticipated enrollment date: \_\_\_\_\_  
Month/Year

How did you hear about Sioux Falls Seminary? \_\_\_\_\_

Who most encouraged you to apply at Sioux Falls Seminary? \_\_\_\_\_

\_\_\_\_\_  
Street Address City State/Prov. Zip/Postal Phone

What is the appropriate description of this person (check all that apply):

- SFS Alum/Trustee
- Denominational Leader
- Pastor
- Family Member
- Friend
- SFS Faculty/Staff
- Other \_\_\_\_\_

**Educational Information**

Have you applied to Sioux Falls Seminary or North American Baptist Seminary before?  Yes  No  
If a former student or applicant, when were you enrolled or did you apply and under what name? \_\_\_\_\_

Have you been denied admission to or dismissed from SFS or any other seminary?  Yes  No  
If yes, where and for what reasons? \_\_\_\_\_

List each post high school institution where at least one course was taken for credit. Attach extra paper, if needed.

Name of School (in order of attendance)	Location	Mo./Yr. Attended	Degree Pursued	Graduated?	Mo./Yr.
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Church/Denominational Information**

Name of church and city \_\_\_\_\_  
Specific denominational affiliation of church \_\_\_\_\_  
 Yes  No - Are you on staff? If yes, what is your position? \_\_\_\_\_  
If you are licensed or ordained, please give details. \_\_\_\_\_

**Attention auditors: skip to the signature box at bottom. After signing and dating, the application is complete.**

**Ministry and Relevant Professional Experience**

Position	Institution/Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Recommendations**

Two recommendations are needed to complete the application process. See the application checklist for instructions.

Pastor \_\_\_\_\_ Name \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

I declare all information presented in this application is accurate and complete and verify that I have reviewed the student handbook, academic catalog, and accreditation and payment policy information (sfseminary.edu/ consent) and acknowledge the information stated and agree to adhere to the terms and rules stated within.

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



# recommendation form

Sioux Falls Seminary | [www.sfseminary.edu/apply](http://www.sfseminary.edu/apply)

## To be Completed by the Applicant

Reference Name \_\_\_\_\_ Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_  
Street City State/Province Zip/Postal Code

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Anticipated Program of Study \_\_\_\_\_

I willingly waive my right of access to see this recommendation, knowing that this waiver is NOT required for admission.  
*NOTE: Forms should not be completed by members of your immediate family.*

\_\_\_\_\_  
Signature

## To be Completed by the Reference

*The individual named above is applying for admission to Sioux Falls Seminary. Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, which give the applicant the right to review the contents of this recommendation unless that right has been waived by signing the waiver above.*

Please Print your Name \_\_\_\_\_

Relationship to Applicant:  Professor  Pastor  Employer  Personal  
 Colleague  Lay Leader  Mentor  Other

Please indicate the nature of your association or contacts with the applicant, including frequency and duration of contacts:

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

### Check all that apply:

#### Responsiveness to Others

- Reasonably responsive
- Shows exceptional insight and consideration
- Understanding and thoughtful
- Slow to sense how others feel

Comments: \_\_\_\_\_  
\_\_\_\_\_

#### Initiative/Perspective

- Resourceful and effective
- Does only what is assigned
- Superior creative ability
- Meets average expectations

Comments: \_\_\_\_\_  
\_\_\_\_\_

#### Teachability

- Rigid, argumentative
- Open-minded
- Highly opinionated
- Eager to receive instruction

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Leadership**

- Has some leadership promise
- Has good leadership ability

- Has exceptional ability to lead
- Makes no effort to lead

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Teamwork**

- Usually cooperative
- Most effective in teamwork

- Frequently causes friction
- Prefers to work alone

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Ability of the Applicant**

	Weak	Fair	Average	Very Good	Outstanding	Not Observed
Integrity/Character						
Self-Awareness						
Management of Time						
Research/Study Skills						
Speaking Skills						
Writing Skills						
Financial Responsibility						
Ability to Cope with Stress						
Christian Commitment						
Spiritual Maturity						

**Moral Character - To your knowledge has this person:**

Ever been charged with or convicted of a crime?  Yes  No  Not Observed

Ever been engaged in or been the subject of a charge of unethical or immoral conduct or behavior, including sexual misconduct?  Yes  No  Not Observed

\*If you answered "yes" to a Moral Character question, please provide relevant information to explain your answer.

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

Are there any complicating factors that might hinder the applicant's success as a student or as a Christian professional? What do you consider the applicant's greatest strengths and what areas does he or she need to grow?

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

Is this person someone you could interact with as your pastor, lay leader, therapist, spiritual director, or colleague?

- Yes  No  Unsure

Provide any pertinent information you believe we should know about the applicant. Attach comments if necessary.

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

I recommend this applicant for admission to Sioux Falls Seminary.

- Highly recommend  Recommend  Recommend with reservation  Do not recommend

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

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_





# recommendation form

Sioux Falls Seminary | [www.sfseminary.edu/apply](http://www.sfseminary.edu/apply)

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 Colleague  Lay Leader  Mentor  Other

Please indicate the nature of your association or contacts with the applicant, including frequency and duration of contacts:

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

### Check all that apply:

#### Responsiveness to Others

- Reasonably responsive  Shows exceptional insight and consideration  
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Comments: \_\_\_\_\_  
\_\_\_\_\_

#### Initiative/Perspective

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 \_\_\_\_\_

I recommend this applicant for admission to Sioux Falls Seminary.

- Highly recommend  Recommend  Recommend with reservation  Do not recommend

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

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



# **ecclesiastical endorsement**

For Doctor of Ministry Applicants Only

**This endorsement form is for the board, congregation, or organization of the applicant's place of ministry or employment**

Please fill out the form below indicating your endorsement of the applicant to pursue the Doctor of Ministry program at Sioux Falls Seminary.

The board/congregation/organization of \_\_\_\_\_  
(name of church/business/institution)

officially endorses \_\_\_\_\_ as an applicant for the Doctor of Ministry  
(name of applicant)

program at Sioux Falls Seminary. Understanding fully that the work required is intended to further the ministry at this church/institution, we pledge that we will grant the applicant the time needed to complete the program. We also pledge that we will cooperate fully in the field projects that the applicant will seek to develop as part of his or her advanced educational training.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Please fold the form with the perforated lines facing out and return to Sioux Falls Seminary. Postage required.

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**Sioux Falls Seminary**  
2100 S. Summit Avenue  
Sioux Falls, SD 57105