application for admission
Master’s Programs at Sioux Falls Seminary
Completing your Application

To apply, fill out the enclosed application packet or visit www.sfseminary.edu/howtoapply to apply online. Applications for admission are complete when Sioux Falls Seminary receives all of the items on the application checklist. Decisions regarding acceptance are not made until all items have been received.

Application/Scholarship Deadlines

Applications for admission must be submitted at least one month prior to the beginning of the semester. Those desiring consideration for scholarships must submit their applications by April 30 for fall semester enrollment and by December 31 for spring semester enrollment.

Acceptance

When all of the items on the application checklist have been received, the admissions committee processes applicant files and makes a decision 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 after application files have been reviewed. In the event applicants are not granted admission, the admissions committee reserves the right to withhold specific reasons from applicants.

Questions

For questions, contact the admissions department by calling 800.440.6227 or e-mailing admissions@sfseminary.edu.

Application Checklist

☐ Application for Admission and Fee
Mail completed and signed application along with a $40 non-refundable application fee to: Sioux Falls Seminary, 2100 S. Summit Avenue, Sioux Falls, SD 57105.

☐ Autobiographical Statement
See next page for instructions.

☐ Four Recommendation Forms
Four recommendations are needed for admission. Recommendations must come from a professor, a pastor, an employer, and a personal acquaintance. Fill out the top portion of each form. Then, distribute to all four reference. Please note: forms should not be completed by members of your immediate family.

☐ Official Transcripts
Official transcripts in sealed envelopes are required and must be sent from every undergraduate and graduate institution attended.

☐ Interviews
Applicants applying for the Master of Arts in Counseling or the Master of Arts in Marriage and Family Therapy degree programs will be interviewed as part of the application process. Interviews with faculty members may be requested prior to admission to other degree programs on an as needed basis.
autobiographical statement
Instructions & Guidelines for Writing your Statement

Purpose of the Autobiographical Statement
The autobiographical statement is intended to provide applicants with an opportunity to share with the Admissions Committee their personal history of how God has worked in their life, especially leading up to the desire to enter vocational ministry. Begin your growth experience at Sioux Falls Seminary now by reflecting on the events of your past and by setting goals for your future.

Instructions for Applicants to the Master of Divinity; Master of Arts in Christian Leadership or Bible and Theology; or Graduate Certificate Programs

How to Get Started
Prepare a typed, 1000-word autobiographical statement including:

1 Life Experiences
Talk about your life experiences including your family and marital influences.

2 God’s Work in your Life
How have you committed your life to Christ? Explain the significant ways in which God has worked in your life since that time.

3 Personal and Spiritual Formation Goals
Share the personal and spiritual formation goals that you would like to accomplish while attending Sioux Falls Seminary.

4 Vocational Goals
Discuss your sense of calling and your vocational goals after seminary.

Instructions for Applicants to the M.A. in Marriage & Family Therapy and Counseling Programs

How to Get Started
Prepare a typed, 1000-word autobiographical statement including:

1 Desire for Becoming a Marriage and Family Therapist
Share the reasons that you would like to become a marriage and family therapist.

2 Personal Faith History
Describe your personal faith history and how it has led to your decision to become a marriage and family therapist.

3 Professional History
Talk about your professional history and how it has led to your decision to become a marriage and family therapist.

4 Personal Characteristics
Discuss the personal characteristics you think will contribute to your development as a good marriage and family therapist.

Autobiographical Statement
Return your completed autobiographical statement, your completed application, and the non-refundable application fee to Sioux Falls Seminary.
application for admission
Master’s Programs . Sioux Falls Seminary

Personal Information
Name

Last

First

Middle

Address
Permanent

Street

City

State/Province

Zip/Postal Code

Country (if other than U.S.)

Mailing

Street

City

State/Province

Zip/Postal Code

Country (if other than U.S.)

Home Phone (___) ___________ Work Phone (___) ___________ E-mail ___________________________

Birth: Date ___________ City ___________________________ State/Province _________ Country ________________

month/day/year

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

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

☐ Master of Divinity—indicate optional specialization if applicable ___________________________

☐ Master of Arts (Bible and Theology)—indicate major ___________________________

☐ Master of Arts in Christian Leadership—indicate specialization ___________________________

☐ Master of Arts in Marriage and Family Therapy ___________________________

☐ Master of Arts in Counseling ___________________________

☐ Graduate Certificate—indicate certificate desired ___________________________

Anticipated enrollment date: ___________________________ ☐ Full Time ☐ Part Time

Month/Year

Who most encouraged you to apply at Sioux Falls Seminary? ___________________________

Street Address

City

State/Prov.

Zip/Postal

Phone

Check the appropriate description of this person:

☐ SF Seminary Alumni/Trustee

☐ Denominational Leader

☐ Pastor

☐ Other ___________________________

How did you hear about Sioux Falls Seminary? ___________________________
### Educational Information

Have you applied to Sioux Falls Seminary or North American Baptist Seminary before? □ Yes □ No
If a former student, when were you enrolled?
Have you been denied admission to or dismissed from 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.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Mo./Yr. Attended</th>
<th>Degree Pursued</th>
<th>Graduated?</th>
<th>Mo./Yr.</th>
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**Transfer Students:** A student applying for transfer from another seminary is requested to attach a “Statement of Explanation and Purpose” for the proposed transfer and a letter from the current seminary indicating a “student in good standing” status.

### Church Information

What is your specific denominational affiliation?

Present Church ____________________________ Home/Former Church ____________________________
Address ____________________________ Address ____________________________
Pastor’s Name ____________________________ Pastor’s Name ____________________________
Are you a member? □ Yes □ No Are you a member? □ Yes □ No

### Employment History

Employer (Present) ____________________________ Type of Employment ____________________________ Dates ____________________________
Employer (Previous) ____________________________ ____________________________
Employer (Previous) ____________________________ ____________________________

### Recommendations

Give the names and complete addresses of those you have asked to complete recommendation forms.

Pastor ____________________________ Professor ____________________________
Address ____________________________ Address ____________________________
Phone ____________________________ Phone ____________________________

Employer ____________________________ Personal ____________________________
Address ____________________________ Address ____________________________
Phone ____________________________ Phone ____________________________

I hereby declare that all information presented in this application is accurate and complete.

Signature ____________________________ Date ____________________________
To be Completed by the Applicant

Applicant Name ____________________________

Last  First  Middle Initial

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.

Name of Person Giving Reference (please print) ____________________________

Relationship to Applicant: □ Professor  □ Pastor  □ Employer  □ Personal

Please indicate the nature of your association or contacts with the applicant, including frequency and duration of contacts, which serve as the basis for your impressions of him or her as a prospective Master’s candidate:

______________________________

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:

Financial Responsibility
- Shows mature responsibility
- Talks frequently of debt or financial worries
- Expects others to meet needs
- Careless, extravagant

Comments:

Personality Traits (Check those that apply)
- Relational
- Honest
- Reserved
- Domineering
- Optimistic
- Cautious
- Aloof
- Shy
- Friendly
- Pessimistic
- Good natured
- Warm
- Outgoing
- Antisocial
- Empathetic

Integrity/Spiritual Maturity - Does this person:
- Appraise strengths and weaknesses objectively and accurately?
- Represent himself or herself honestly?
- Pursue goals ethically and conscientiously?
- Demonstrate appropriate spiritual maturity?
- Involve himself or herself in the life of the church?

Yes | No | Not Observed
---|---|---
Yes | No | Not Observed
Yes | No | Not Observed
Yes | No | Not Observed
Yes | No | Not Observed

Moral Character - To your knowledge has this person:
- Ever been charged with or convicted of a crime?
- Ever been engaged in or been the subject of a charge of unethical or immoral conduct or behavior?
- Ever engaged in or been the subject of a charge of sexual misconduct?

Yes | No | Not Observed
---|---|---
Yes | No | Not Observed
Yes | No | Not Observed

If you answered “yes” to any of the Moral Character questions, please provide relevant information to explain your answer.

Does the applicant have any complicating factors in his or her life that might hinder their success as a student or as a Christian professional?

Do you see this person as someone you would like to have as your pastor, church staff member, therapist, or colleague?
- Yes
- No
- Unsure

Comments:

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: ______________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105
**To be Completed by the Applicant**

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<tr>
<th>Applicant Address</th>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
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<tr>
<th>Anticipated Program of Study</th>
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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.*

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**Signature**

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**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.

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<th>□  Employer</th>
<th>□  Personal</th>
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</table>

Please indicate the nature of your association or contacts with the applicant, including frequency and duration of contacts, which serve as the basis for your impressions of him or her as a prospective Master’s candidate:

---

**Check all that apply:**

**Responsiveness to Others**

<table>
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<tr>
<th>□  Reasonably responsive</th>
<th>□  Shows exceptional insight and consideration</th>
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<td>□  Understanding and thoughtful</td>
<td>□  Slow to sense how others feel</td>
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Comments:

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**Initiative/Perspective**

<table>
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Comments:

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**Teachability**

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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:

Financial Responsibility
☐ Shows mature responsibility
☐ Talks frequently of debt or financial worries
☐ Expects others to meet needs
☐ Careless, extravagant
Comments:

Personality Traits (Check those that apply)
☐ Relational  ☐ Honest  ☐ Reserved  ☐ Domineering  ☐ Optimistic
☐ Cautious  ☐ Aloof  ☐ Shy  ☐ Friendly  ☐ Pessimistic
☐ Good natured  ☐ Warm  ☐ Outgoing  ☐ Antisocial  ☐ Empathetic

Integrity/Spiritual Maturity - Does this person:
☐ Appraise strengths and weaknesses objectively and accurately?
☐ Represent himself or herself honestly?
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☐ Involve himself or herself in the life of the church?
☐ Yes ☐ No ☐ Not Observed
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Moral Character - To your knowledge has this person:
☐ Ever been charged with or convicted of a crime?
☐ Ever been engaged in or been the subject of a charge of unethical or immoral conduct or behavior?
☐ Ever engaged in or been the subject of a charge of sexual misconduct?
☐ Yes ☐ No ☐ Not Observed
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If you answered “yes” to any of the Moral Character questions, please provide relevant information to explain your answer.

Does the applicant have any complicating factors in his or her life that might hinder their success as a student or as a Christian professional?

Do you see this person as someone you would like to have as your pastor, church staff member, therapist, or colleague?
☐ Yes ☐ No ☐ Unsure

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: ___________________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105
recommendation form
Master’s Programs  .  Sioux Falls Seminary

To be Completed by the Applicant

Applicant Name ____________________________________________ Last First Middle Initial

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.

__________________________________________________________
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____________________________________________________________________________________

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
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Comments: __________________________________________

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Signature ___________________________ Date ____________
Position ___________________________
Address ___________________________
Phone (______) _____________________ E-mail ___________________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105
Sioux Falls Seminary equips servant leaders who engage the mission of Jesus Christ.

www.sfseminary.edu