



San Francisco
Theological Seminary

Master of Divinity & Master of Arts in Theological Studies APPLICATION FOR ENROLLMENT

GENERAL INFORMATION AND INSTRUCTIONS

The Admissions Committee meets monthly, October through May, and takes action on completed application files on a rolling basis, notifying applicants promptly thereafter. For preferential consideration for merit scholarships, which are awarded on the basis of excellent scholarship, as well as ministry leadership and potential, all documents should be completed and postmarked or emailed by **February 15**.

Applications for Fall admission are due by May 1. Applications received after May 1 will be considered at the committee's discretion on a space-available basis. Applications for Spring admission are due by **December 1**.

Financial Aid and Housing forms should be returned at the time of application. Admitted students may expect to receive notification of their financial aid package within thirty (30) days of admission. Housing applications are confirmed upon receipt of a Statistical Information form and \$200 deposit; Fall term students are notified of housing assignments around mid-June, and Spring term students are notified as soon as possible in December.

Application Checklist

1. A completed **application form**.
2. A non-refundable **application fee** of \$50 paid to SFTS at the time of application.
3. **Five personal statements** of approximately 300 to 500 words each, responding to the questions given on the application.
4. **References:**

Please type or print your name clearly on the enclosed reference forms. **Complete the waiver information** at the top of the form before mailing it to your references. Note that if you do not waive your right to read the reference, your reference may not be as open or willing to write about you. We suggest you include a stamped envelope with SFTS's address when you forward the form to your references. Please provide references from:

 - a. **Two persons who can attest to your academic ability** (professors or administrators). If you have been out of college or graduate school for over five years, or come from a large university where you may be unknown to a professor or administrator, you may substitute two professional colleagues;
 - b. **One church official** to whom you are not related (pastor, elder, deacon)

1. **Official transcripts** of all post-secondary schoolwork. Official transcripts should bear the signature and seal of the institution, show the degree conferred, and be sent directly from that school to SFTS Attn: Office of Vocations. If you have not completed your bachelor's degree, submit an in-process transcript showing work to date.
2. For **applicants whose native language is not English**, a minimum TOEFL score of 550 on the paper test, or 80 on the internet-based test, is required for admission consideration.
3. All applicants must complete a criminal background check through CertifiedBackground.com and submit a Self-Disclosure Form.
4. If applying for SFTS Financial Aid and Housing, please visit the Financial Aid and Housing sections on sfts.edu, complete the appropriate forms and submit them to the Office of Admissions.
5. Mail or deliver collateral application materials to:

San Francisco Theological Seminary
Office of Admissions
105 Seminary Road
San Anselmo, CA 94960

DEADLINES		
Feb. 15	Preferential consideration for merit scholarships	*After May 1, consideration on a space-available basis.
May 1	Fall Admission*	
Dec. 1	Spring Admission	

It is the policy of San Francisco Theological Seminary not to discriminate on the basis of sex, age, race, color, physical disability, sexual orientation/identity, and/or national and ethnic origin in its educational programs, student activities, employment or admission policies, in the administration of its scholarship and loan programs, or in any other school-administered programs. This policy complies with requirements of the Internal Revenue Service Procedure 321-1, Title VI of the Civil Rights Act, and Title IX of the 1972 Educational Amendments as amended and enforced by the Department of Health and Human Services.

REFERENCES *(Please list those who will complete your reference forms)*

Name of Academic Reference		Phone
Title and Organization		
Mailing Address	City	State/Zip

Name of Academic Reference		Phone
Title and Organization		
Mailing Address	City	State/Zip

Name of Church Official		Phone
Title and Organization		
Mailing Address	City	State/Zip

Name of Personal Friend		Phone
Mailing Address		
	City	State/Zip

SIGNATURE

I have read the application and instructions and hereby apply for acceptance to the Master of Divinity degree program at San Francisco Theological Seminary. I have completed this form and all related documents honestly and to the best of my ability.

Full Name	Date
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PERSONAL STATEMENTS

Please reflect upon the following questions. Answers should be 300 to 500 words and submitted on a separate sheet of paper. Be sure to include your name on each paper submitted.

1. How does your academic record reflect your strengths and weaknesses for graduate study?
2. What are your specific interests in the study of theology? What particular aspects of San Francisco Theological Seminary's curriculum and community do you believe will support your educational/vocational goals?
3. Name and summarize one instance in which you successfully exercised leadership and another instance in which your leadership was not fully successful. What did you learn from these experiences?
4. Has there been an event in which you encountered or questioned God deeply? If yes, how has this experience affected your sense of yourself, others, and your understanding of God?
5. What is/are your goal(s) for seminary education, vocational or otherwise? What are your strengths and weaknesses for achieving this/these goals?

APPLICANT INFORMATION**Name**

Last First Middle

Phone Email

Degree program Semester and Year

In accordance with the Family Rights and Privacy Act of 1974, the applicant can waive his/her right to view this recommendation. Should the applicant decide not to waive the right, he/she will have access to the letter only if enrolled in a program at the Graduate Theological Union and its member schools.

I HEREBY WAIVE my right of access to this recommendation. I DO NOT WAIVE my right of access to this recommendation.

Signature

Date

RECOMMENDER'S INFORMATION**Name**

Last First Middle

Position/title

Institution

Street Address

City State/Province Zip/postal code Country

Phone Email

How long have you known the applicant? _____ In what capacity? _____

I am an Alumni of a GTU member school. Name of GTU School: _____

OVER ALL RECOMMENDATION

- Recommend most enthusiastically
- Recommend strongly
- Recommend with confidence
- Recommend
- Recommend with reservation
- Do not recommend

How would you rate the applicant in the following areas? *Please mark an X in the appropriate boxes.*

ACADEMIC QUALIFICATIONS *(for applicants to all programs)*

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Intellectual ability/capacity for graduate work						
Ability to collaborate/relate with others in class						
Ability to work independently						
English language proficiency						
In your experience, how does this applicant compare to others?						
Vocational clarity and commitment						
Overall academic qualifications						

MINISTERIAL/VOCATIONAL APTITUDE *(Optional for GTU Common MA and PhD/ThD applicants)*

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Potential for ministry/religious leadership						
Professional effectiveness and creativity						
Responsibility/motivation/commitment						
Personal character and emotional stability						
Personal faith/spirituality/theological maturity						
Commitment to diverse communities/just & sustainable society						
Overall ministerial/vocational aptitude						

WRITTEN EVALUATION

Your written evaluation is extremely important to us and we will depend upon it heavily in our overall evaluation of the applicant. Please write a letter to address the candidate's strengths as well as weaknesses and areas of growth – including assets and liabilities that you believe would be helpful for an academic advisor to know. For academic references, please provide your assessment of the applicant's qualifications for graduate ministerial studies for this candidate. For ministerial references, please address the appropriateness of ministerial studies for this candidate.

I agree. I hereby certify that the information I am submitting is complete and accurate.

Signature

Date

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Name

 Last First Middle

 Phone Email

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 Signature Date

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Signature

Date

GENERAL INFORMATION AND INSTRUCTIONS

San Francisco Theological Seminary values our life together as a community. In order honor our relationships with one another, as well as with the churches and ministries with whom we serve, SFTS requires applicants to the Master of Divinity and Master of Arts in Theological Studies programs to complete a criminal background check. Applicants who are citizens of the United States or who are currently living in the United States must complete a criminal background check through CertifiedBackground.com. Instructions may be found at sfts.edu/admissions-aid/apply-sfts. The Admissions Committee has the discretion to request an international background check for those living outside the United States. In addition, all M.Div. and MATS applicants, regardless of residency, must submit a true and correct Self-Disclosure Form in which they shall note and repect upon any prior criminal convictions. The Self-Disclosure Form and criminal background check must be completed at the time of applying for admission. Prior conviction(s) will not necessarily preclude admission to an SFTS degree program.

APPLICANT INFORMATION

Name

Last	First	Middle
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Degree for which you are applying:

- Master of Divinity
- Master of Arts in theological Studies

Term you intend to enter Seminary:

- Fall 20 _____
- Spring 20 _____

Please answer the following questions, sign and mail this form to the Director of Enrollment. Applicants who are citizens of the United States or otherwise living in the United States must also request a background check from CertifiedBackground.com.

Have you ever been convicted of, pleaded guilty to, or received deferred adjudication for any felony or misdemeanor, other than minor traffic violations? Yes No

If yes, please explain in detail and with full accuracy (if you need more space, please attach a separate sheet):

Signature: _____ Date: _____