**North Carolina Theological Seminary**

**255 Isaac Weeks Road | Clinton, NC 28328 |(910)590-3131**

**Dr. Varnie N. Fullwood, Founder and President**

**Rev. 2021**

**APPLICATION OF ADMISSION**

**APPLICANT INFORMATION**

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. M.I. enter here

Mailing Address: Click or tap here to enter text.

City Click or tap here to enter text. State:Click or tap here to enter text. Zip:Click or tap here to enter text.

Date of Birth: Click or tap to enter a date. SSN:Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**EMPLOYMENT INFORMATION**

Current Employer:Click or tap here to enter text. How long?Click or tap here to enter text.

Employer Address:Click or tap here to enter text.

Employer City, State, Zip: Click or tap here to enter text.

Employer Phone Number: Click or tap here to enter text. Employer Fax: Click or tap here to enter text.

**MINISTRY INFORMATION**

Name of Local Church: Click or tap here to enter text.

Church Address:Click or tap here to enter text.

Church City, State, Zip: Click or tap here to enter text.

Pastor’s Name: Click or tap here to enter text. Pastor’s Contact No: Click or tap here to enter text.

**Are you a minister?**[ ]  Yes [ ] No **Licensed** [ ] Yes [ ] No **Ordained** [ ]  Yes [ ]  No [ ]  **Other**

If you checked other, please explain: Click or tap here to enter text.

To what denomination or organization do you belong or classify yourself?

Click or tap here to enter text.

List other ministries that you participate with and your function:

Click or tap here to enter text.

**REFERENCE**

Reference Relative/Friend: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Address:Click or tap here to enter text.

City/State/Zip:Click or tap here to enter text.

**Please list 2 people who may be interested in attending North Carolina Theological Seminary**

**Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Email:**Click or tap here to enter text.

**Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Email:**Click or tap here to enter text.

**PROGRAM OF DESIRED ENROLLMENT**

[ ] Associate [ ]  Bachelor [ ] Year 1 Masters [ ]  Year 2 Masters [ ] Doctorate [ ] PhD

Concentration: [ ]  Biblical Studies [ ]  Christian Ministry [ ]  Biblical Counseling

[ ] Theology [ ] Divinity

*All degree concentrations must be declared on the application. There will be additional fees and courses for changing degrees after the submission.*

**Bachelor students may choose Biblical studies or Theology only**

**Masters and Doctorate must choose one concentration.**

**Biblical Counseling is only offered for Masters 2nd year, Doctoral, and PhD**

**ETHNIC ORIGIN**

[ ] Caucasian (Non-Hispanic) [ ] Asian Pacific Islander [ ]  Hispanic [ ]  Black (Non-Hispanic)

[ ]  American Indian/Alaskan [ ]  Other (please specify) Click or tap here to enter text.

**CITIZENSHIP**

Country of Birth: Choose an item. Are you an American Citizen: [ ]  YES [ ]  NO

If no, please answer the following questions. Of what country are you a citizen? COUNTRY

ARE YOU A PERMANENT U.S. RESIDENT? [ ]  YES [ ]  NO|ALIEN REGISTRATION #enter number

DO YOU PRESENTLY HAVE A U.S. VISA? [ ]  YES [ ]  NO |

IF YES, WHAT TYPE? Click or tap here to enter text. EXPIRATION DATE: Click or tap to enter a date.

**EDUCATIONAL INFORMATION**

NAME OF HIGH SCHOOL: Click or tap here to enter text.

CITY:Click or tap here to enter text.COUNTY: Click or tap here to enter text. STATE:Click or tap here to enter text.

DATE OF GRADUATION Click or tap to enter a date.

IF YOU DID NOT GRADUATE, HAVE YOU OBTAINED A GED? Choose an item. WHEN:Click or tap to enter a date.

**LIST ALL COLLEGES THAT YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER**

NAME OF INSTITUTION: Click or tap here to enter text.

CITY:Click or tap here to enter text.COUNTY: Click or tap here to enter text. STATE:Click or tap here to enter text.

DATES ATTENDED FROM: Click or tap to enter a date. TO Click or tap to enter a date.

DEGREE RECEIVED: Click or tap here to enter text. HOURS EARNED: Click or tap here to enter text.

**COLLEGES CONTINUED**

NAME OF INSTITUTION: Click or tap here to enter text.

CITY:Click or tap here to enter text.COUNTY: Click or tap here to enter text. STATE:Click or tap here to enter text.

DATES ATTENDED FROM: Click or tap to enter a date. TO Click or tap to enter a date.

DEGREE RECEIVED: Click or tap here to enter text. HOURS EARNED: Click or tap here to enter text.

**COLLEGES CONTINUED**

NAME OF INSTITUTION: Click or tap here to enter text.

CITY:Click or tap here to enter text.COUNTY: Click or tap here to enter text. STATE:Click or tap here to enter text.

DATES ATTENDED FROM: Click or tap to enter a date. TO Click or tap to enter a date.

DEGREE RECEIVED: Click or tap here to enter text. HOURS EARNED: Click or tap here to enter text.

**CURRENT STATUS**

ARE YOU CURRENTLY ENROLLED IN THE LAST INSTITUTION ATTENDED: Choose an item.

IF SO WHAT WILL BE YOUR LAST DATE OF ATTENDANCE: Click or tap to enter a date.

ARE YOU ELIGIBLE FOR RE-ADMISSION TO ANY OF THE INSTITUTIONS LISTED: [ ]  YES [ ]  NO

IF NO, ARE REASONS [ ]  ACADEMIC [ ]  DISCIPLINARY OR [ ] OTHER (ATTACH EXPLANATION)

**ADDITIONAL INFORMATION:**

* $100 NON-REFUNDABLE APPLICATION FEE MUST BE SUMBITTED WITH THIS APPLICATION
* $125 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION TO APPLY FOR THE DOCTORAL PROGRAM
* TUITION IS DIVIDED INTO MONTHLY PAYMENTS IF NOT PAID IN FULL
* THE TEXTBOOK FEES MUST BE PAID BEFORE RECEIPT OF ANY MATERIAL
* THE GRADUATION FEES MUST BE PAID EACH YEAR **(March 15)** BEFORE RECEIPT OF THE DEGREE
* THE BALANCE OF THE TUITION MUST BE PAID PRIOR TO GRADUATION

I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by North Carolina Theological Seminary and to conduct myself in accordance with the expectation of NCTS in order for my life to bring glory and honor to the Lord, Jesus Christ.

I have read the statement of faith of the North Carolina Theological Seminary and agree to follow its doctrinal stand in accordance with the Word of God.

|  |  |
| --- | --- |
| ***Signature of Applicant:*** *Signature Here Please*  | **Date:** Click or tap to enter a date. |

**GOWN SIZE**

**PLEASE CHOOSE AN OPTION IN BOTH HEIGHT AND WEIGHT!!!**

**Height:** Choose an item. **Weight:** Choose an item.

It is imperative that you print your name on this form the way you want it printed on your degree (no titles). There is a reprinting fee of $25.00 per certificate. Thank you and may God richly bless you.

Name: Click or tap here to enter text.

Campus: Click or tap here to enter text. President Name: Click or tap here to enter text.

Degree Level: Click or tap here to enter text.

Major: Click or tap here to enter text.