



*A school of The Southern Baptist Theological Seminary*

## BOYCE APPLICATION INFORMATION

### ADMISSION DEADLINES

Degree Program	Fall Semester	Winter Term	Spring Semester	Summer Term
All Boyce degrees	July 15	Dec 1	Dec 1	May 1

### APPLICATION PROCESS

The Southern Baptist Theological Seminary holds to a rolling admissions process. This means that files are reviewed as soon as they are completed. This also means that your application is a self-managed process. While, initially, we will notify you of missing items, it is the applicant's responsibility to ensure that all requirements are received in a timely manner. All materials do not need to be submitted simultaneously. However, your file will not be considered for admission until it is completed. Once complete, the Admissions process takes 2-3 business weeks under normal circumstances.

### APPLICATION REQUIREMENTS

Standard application requirements for all degree programs:

- Application Form (pages 4-6)
- Application Fee
- Church Affirmation Form
- Official Transcription from all institutions attended. This includes High School and any post-high school institution.
- Recommendation Forms
- Spiritual Autobiography
- Authorization for Release of Information
- Housing Application
- Official SAT/ACT score

### APPLICATION INSTRUCTIONS

1) **APPLICATION FEES:** The application fee is \$35. If a student has been out of class for more than two semesters without going through the formal withdrawal process, a new application and the reapplication fee of \$25 must be submitted. Please make checks payable to "SBTS – Admissions." The application fee is non-refundable.

2) **CHURCH AFFIRMATION FORM:** All applicants must receive official endorsement from the local church that holds their membership. All applicants are expected to have maintained official church membership for a minimum of one year. If you have not been a member of your current church for a minimum of one year prior to the time of your application, a fourth Recommendation Form must be submitted from the pastor of the previous church that held your membership.

Applicants who are not currently attending the church that holds their membership must submit a fourth Recommendation Form completed by the pastor of the church they are currently attending. Please see instructions under "Recommendation Forms" for more information.

3) **OFFICIAL TRANSCRIPTION:** Transcripts cannot be delivered by the applicant, stamped "Issued to student" or faxed. Please have the Registrar at your high school\* and colleges (if applicable) mail your transcripts *directly* to the Admissions Office at Southern Seminary. We need official transcripts from all educational institutions attended – even if only for one class or a study abroad experience.

Home school students: Please mail your transcript to the Admissions Office at Southern Seminary. A home school transcript must include class names, letter grades (not percentages), a cumulative grade point average and graduation date. The transcript must also be signed by the home school administrator.

\*Students who have 24 hours or more of college credit do not need to submit a High School transcript.

4) **RECOMMENDATION FORMS:** The three Recommendation Forms are to be completed by individuals who have known you longer than one year. We prefer that the three recommendations come from a professor, an employer and a minister. One form must be from your current pastor/ministry leader.

- Recommendation forms may not be completed by family members.
- Students who do not attend the church that holds their membership must submit a total of four recommendations. A Recommendation Form must come from a ministry leader at each church.

5) **SPIRITUAL AUTOBIOGRAPHY:** Please include these details in your autobiography:

- 1) Describe your conversion (life before you believed the gospel, brief explanation of the gospel and how you came to believe it, and how your life has changed since your conversion).
- 2) Understanding of your call to ministry.
- 3) Other significant life events.
- 4) Reasons for applying to Boyce College.

**Please limit your paper to three typed, double-spaced pages.**

6) **CAMPUS HOUSING APPLICATION:** All applicants must complete this form, indicating whether they need campus housing. If you do not need housing, please check the box at the top of the Housing Application that says, “No, I do not need housing.” Housing deposits in the amount of \$100 are due *within 30 days of acceptance* to secure your room reservation. Please note that the Housing Office follows a separate approval process from the Admissions Office. The Housing Office seeks to have you assigned a campus housing unit at least 30 days from your anticipated move-in date. Some units, however, are in higher demand and the notification time is much shorter. If you are applying after the admissions deadline, you will need to communicate with the Housing Office to verify housing availability.

7) **OFFICIAL SAT/ACT SCORE:** Students who are 24 years of age and older **or** who have 15 hours or more college hours at an accredited institution and have a “C” average or higher are not required to submit scores.

#### **FINANCIAL AID**

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Students must be **approved** into a degree program by the Financial Aid deadline in order to qualify for Boyce College based financial aid. The Financial Aid process takes place online. Access to the website will be included with the acceptance letter. Financial aid through Boyce College is only available to full-time, main campus students. Boyce College does participate in Veteran’s and Vocational Rehabilitation programs.

#### **DISTANCE EDUCATION**

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Boyce College offers the entire Associate of Arts program online. For additional information, please see the Boyce College website at: [http://www.boycecollege.com/academics/extension\\_centers.aspx](http://www.boycecollege.com/academics/extension_centers.aspx) or [www.boycecollege.com/academics/online\\_extension.aspx](http://www.boycecollege.com/academics/online_extension.aspx).

#### **TRANSFER CREDIT**

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Prospective students desiring to transfer credit from another school should contact Boyce’s Academic Advisor. Additional information about academic counseling can be found at [http://www.boycecollege.com/Academics/academic\\_counseling.aspx](http://www.boycecollege.com/Academics/academic_counseling.aspx).

#### **SOUTHERN BAPTIST TUITION RATE**

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Students who are committed to serving within the Southern Baptist Convention, but are currently affiliated with another denomination, may be eligible to receive the Southern Baptist tuition rate. In order to be considered, a Covenant Agreement Form must be completed and received by the posted deadlines (August 1, December 1, May 1). This form is only available from the Admissions Office, must be signed by the student and current pastor, and must be received by the posted deadlines. Under no circumstances will Covenant Agreement Forms be considered after the deadline. Students wishing to change denominational affiliation must show due deliberation by submitting this material in a timely manner.

#### **SPECIAL STUDENT STATUS**

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Special Student Status is a non-degree classification. Students may only apply for this status with the direct permission of the Admissions Office – please verify your qualification for this status before applying. This status requires the submission of the application form, addendum, fee, church affirmation, housing application and spiritual autobiography. Admittance as a special student in no way guarantees admission into a degree program. Recommendations and transcription must be submitted within the first semester of study if students intend to be admitted into a degree program. Special student status normally does not extend beyond one semester. Financial aid is NOT available to special students.

#### **ADMISSIONS COUNSELORS AND ACADEMIC ADVISORS**

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Each student is assigned a personal Admissions Counselor. The primary responsibilities of Admissions Counselors are to work with prospective students and new applicants. They will serve as your personal liaison to the full resources of Boyce College and can assist you in making an easy transition to Southern Seminary.

## **STUDENTS WITH ACCESSIBILITY AND LEARNING NEEDS**

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Boyce College is committed to making both campus facilities and degree programs accessible to students. Students who have accessibility needs or learning-related needs are encouraged to contact the Office of Student Services in order to determine how Boyce College can assist in addressing those needs. Student Services may be reached at 1-800-626-5525 ext. 4201 or via email at [studentservices@sbts.edu](mailto:studentservices@sbts.edu).

## **INTERNATIONAL STUDENTS**

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Because the admissions process for international students is complex, special documents have been created. They will explain the process and essential financial information that international students must know in order to apply. Boyce College also maintains a Coordinator for International Students. That office can be reached at [international@sbts.edu](mailto:international@sbts.edu). These forms are available for download from our website or will have been mailed to you if you indicated you were an international student. Contact [Admissions@sbts.edu](mailto:Admissions@sbts.edu) to have these forms sent to you. Please note that international applicants must submit a TOEFL score of 213/550 (computer/paper based) in order to be considered for admission. See [www.toefl.org](http://www.toefl.org) for more information.

## **CONTACT INFORMATION**

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Should you require additional assistance, Admissions professionals are available to assist you Monday-Friday, 8:00 am - 4:30 pm Eastern Standard Time. You can reach the Admissions Office at:

(Toll Free) 1.800.626.5525 ext. 4617

(Fax) 502.897.4723

(Email) [admissions@sbts.edu](mailto:admissions@sbts.edu)

(Address) Admissions Office  
2825 Lexington Road  
Louisville, KY 40280

## APPLICANT INFORMATION

Full legal name \_\_\_\_\_  
last first middle name usually called

Maiden name (if applicable) \_\_\_\_\_

Current mailing address \_\_\_\_\_  
apartment/box/street number

\_\_\_\_\_ city state/country zip

Telephone( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
area code/number (home) area code/number (work)

Home city and state \_\_\_\_\_

Citizenship \_\_\_\_\_  
country

E-mail address \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_  
month day year

Applicant's Place of birth \_\_\_\_\_  
city/state/country

Applicant's marital status:  Single  Married  
 Divorced  Widowed  Re-married

Gender:  Male  Female

Date of Divorce \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Ethnic Group (For reporting purposes only):

- White: Non-Hispanic  American Indian or Alaskan native  Hispanic  
 Black: Non-Hispanic  Asian or Pacific islander  Other \_\_\_\_\_

## PURPOSE IN SEEKING AN UNDERGRADUATE DEGREE

Vocational goal (Indicate order of preference—1st, 2nd, and 3rd)

- |                             |                             |                                 |                             |
|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| ___ Pastorate               | ___ Music Ministry          | ___ Counseling                  | ___ Pastoral Counseling     |
| ___ Church Administration   | ___ Evangelist              | ___ Christian Education         | ___ Civilian Chaplaincy     |
| ___ Religious Journalism    | ___ International Missions  | ___ Adult Ministry              | ___ Military Chaplaincy     |
| ___ Media Ministry          | ___ North American Missions | ___ Youth Ministry              | ___ Denominational Ministry |
| ___ Campus/College Ministry | ___ Children's Ministry     | ___ Teaching (higher education) | ___ Recreation Ministry     |
| ___ Women's Ministry        | ___ Undecided               | ___ Other (Please specify)      |                             |

## CHURCH INFORMATION

Where is your current church membership?

\_\_\_\_\_ name of church mailing address city state zip

\_\_\_\_\_ phone pastor church clerk date of membership

Are you currently attending the church that holds your membership?  Yes  No (if no, please explain on separate piece of paper. Please be specific.)

Is the church that holds your membership affiliated with the Southern Baptist Convention?  Yes  No

If no, what denominational affiliation? Please be specific: \_\_\_\_\_

## EDUCATIONAL INFORMATION

Education beyond high school. Please list all institutions attended including college, university, seminary, and professional training:

name of college/institution – do not abbreviate	state	major	dates attended	degree conferred? if so, what degree?
name of college/institution – do not abbreviate	state	major	dates attended	degree conferred? if so, what degree?
name of college/institution – do not abbreviate	state	major	dates attended	degree conferred? if so, what degree?
name of college/institution – do not abbreviate	state	major	dates attended	degree conferred? if so, what degree?
name of college/institution – do not abbreviate	state	major	dates attended	degree conferred? if so, what degree?
name of college/institution – do not abbreviate	state	major	dates attended	degree conferred? if so, what degree?

**Note: An official transcript from each institution is required. Transcripts must be mailed directly from each institution.**

## ADDITIONAL EDUCATIONAL INFORMATION

Maiden name on transcripts (if applicable) \_\_\_\_\_

How many hours of college credit have you earned (if applicable)?: \_\_\_\_\_

## REGISTRATION INFORMATION

Please indicate the one semester/term in which you plan to begin:

Fall Semester     Spring Semester     Winter Term     Summer Term    Year: \_\_\_\_\_

Please indicate student status:

New     Readmission (please attach an explanation)     Other: \_\_\_\_\_

Please Indicate Location:

Louisville campus     Internet     Extension Center: \_\_\_\_\_

See [www.sbts.edu/extension](http://www.sbts.edu/extension) for current locations

Check the *one* program to which you are seeking admission:

<p><b>Majors:</b></p> <p><input type="checkbox"/> Associate of Arts in Biblical and Theological Studies</p> <p>● <b>Bachelor of Arts</b></p> <p><input type="checkbox"/> Biblical and Theological Studies</p> <p><input type="checkbox"/> Christian Worldview and Apologetics</p> <p><input type="checkbox"/> Expository Preaching and Pastoral Leadership</p> <p>● <b>Bachelor of Science in Biblical Studies</b></p> <p><input type="checkbox"/> Church Ministry</p> <p><input type="checkbox"/> Children's Ministry concentration</p> <p><input type="checkbox"/> Christian Leadership concentration</p> <p><input type="checkbox"/> Women's Studies concentration</p> <p><input type="checkbox"/> Counseling</p> <p><input type="checkbox"/> Missions</p> <p><input type="checkbox"/> Music Ministry</p> <p><input type="checkbox"/> Youth Ministry</p> <p>● <b>Bachelor of Science</b></p> <p><input type="checkbox"/> Elementary Education (P-5)</p> <p><input type="checkbox"/> Music Education (P-12)</p> <p><input type="checkbox"/> Humanities</p> <p><input type="checkbox"/> Special Student Status</p> <p>Your intended major: _____</p>	<p><b>Minors: (BA/BS degrees only)</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Theology</p> <p><input type="checkbox"/> Worldview &amp; Apologetics</p> <p><input type="checkbox"/> Expository Preaching &amp; Pastoral Leadership</p> <p><input type="checkbox"/> Children's Ministry</p> <p><input type="checkbox"/> Christian Leadership</p> <p><input type="checkbox"/> Women's Studies</p> <p><input type="checkbox"/> Counseling</p> <p><input type="checkbox"/> Missions</p> <p><input type="checkbox"/> Music Ministry</p> <p><input type="checkbox"/> Youth Ministry</p> <p><input type="checkbox"/> Biblical Languages</p> <p><input type="checkbox"/> Worship</p> <p><input type="checkbox"/> Emphasis in Biblical Languages (BA Biblical &amp; Theological or Preaching &amp; Pastoral Leadership only)</p> <p><input type="checkbox"/> Other: _____</p>
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## PERSONAL INFORMATION

If you answer "yes" to any of these questions, please provide appropriate details/documentation on a separate sheet.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have any physical, mental, or emotional disabilities which may require special assistance?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have learning disabilities or mental/physical condition(s) that might affect your academic work?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been under the care of a psychologist, mental health counselor, or psychiatrist?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever declared bankruptcy or incurred any legal action against you associated with your finances?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have existing debts aside from house and/or automobile?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is it a problem for you to pay off the balance of your credit cards on a regular basis?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will you incur debt by attending college? If yes, provide your plans for financing your undergraduate education.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, placed on academic, or disciplinary probation, or asked to withdraw by any educational institution? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever been convicted of any felony or been dishonorably discharged from any branch of the Armed Services?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been dismissed, terminated, or fired from any place of employment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever used illegal drugs or abused alcohol?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever appeared on a local, state or national sex offender registry?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you or your spouse ever been divorced?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever been involved in any sexual misconduct of any nature?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does your spouse/family have any reservations concerning your desire to attend seminary?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. If you are married, please rate, in your opinion, the health of your marriage (1 = low, 10 = high).                              |

## FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ area code/number

Father's Name: \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ area code/number

Legal Guardian/Parent: \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ area code/number

Spouse's name: \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ preferred name \_\_\_\_\_

Children: \_\_\_\_\_ name \_\_\_\_\_ date of birth \_\_\_\_\_ M/F \_\_\_\_\_ name \_\_\_\_\_ date of birth \_\_\_\_\_ M/F

## EMPLOYMENT INFORMATION

Please list your employers in reverse chronological order (most recent to most distant):

Name of employer	Name of supervisor	Supervisor phone/email	Position held	Dates of employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INTERNATIONAL STUDENTS

**If you are not a citizen of the United States, please complete this section.** Please note that international applicants are encouraged to apply at least one semester prior to the term they plan to enter.

In which country were you born? \_\_\_\_\_ In which country are you currently a citizen? \_\_\_\_\_

If you are now residing in the U.S., what is your immigrant or non-immigrant classification? (choose one)

F-1     J-1     H-1     Permanent Resident    Alien Registration Number: \_\_\_\_\_

F-2     J-2     H-2     Other \_\_\_\_\_

Note: Please send photocopies of any current U.S. immigration documents. This is especially important for permanent residents.

Will you bring your family to Louisville with you? (mark one)  No  Yes, Spouse Only  Yes, Spouse & Children (number of children \_\_\_\_\_)

What is your native language? \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

Unless you are studying in your native language at an extension center, you are required to submit a TOEFL (Test of English as a Second Language).

**In order to complete all requirements for the United States Citizenship and Immigration Service, the seminary must receive all necessary documentation associated with the I-20 at least 60 days prior to the term for which you wish to enroll. No I-20 forms will be issued without approval for admission, the required deposit, and a valid affidavit of support. A student transferring from another school in the United States will receive his or her I-20 after arriving on campus. Please see the International Student Checklist for more information.**

## STATEMENT (TO BE COMPLETED BY ALL STUDENTS)

In making application to become a student at The Southern Baptist Theological Seminary, I pledge myself to abide by all the regulations of the faculty and administration as stipulated in the Student Handbook ([www.sbts.edu/pdf/Handbook.pdf](http://www.sbts.edu/pdf/Handbook.pdf)); to seek in every way to protect the good name of the institution; to preserve and protect the physical properties of the Seminary and to cooperate with the various groups of the Seminary family in creating and maintaining a spirit of Christian fellowship throughout my student days. I understand the Seminary reserves the right to request a student to withdraw at any time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please mail to: The Southern Baptist Theological Seminary, Admissions Office, 2825 Lexington Road, Louisville, KY 40280.**

The mission of Boyce College is to train young men and women for future Christian service. In this endeavor, we partner with the local church. Each applicant is required to submit a Church Affirmation Form from the church that holds his/her membership.

We take your endorsement most seriously. Your church's endorsement is a testament on the part of your congregation as to the perceived fitness of the applicant for ministerial leadership. We request that the congregation prayerfully consider the statement listed below and vote their affirmation while in session. If a congregational affirmation is not possible due to extenuating circumstances, we will recognize the endorsement of the appropriate leadership of the church with documentation on why an alternative process was followed.

If the church is unwilling to offer their unhesitating affirmation of the applicant, please enclose a letter on official church letterhead stating the rationale for the church's decision.

### Statement of Affirmation

Applicant's name: \_\_\_\_\_ Applicant's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

***“We affirm that the applicant is a member in good standing of this church and demonstrates the appropriate character, ability, and knowledge as necessary for one seeking ministerial leadership”***

**PLEASE CHECK BOTH BOXES**

Yes No

This statement was approved by the church.  
*If this statement is not approved congregationally, please indicate the approval process and why an alternative process was followed.* \_\_\_\_\_

This applicant is a member of this church.  
*If the applicant is not a member of your church, please note the rationale for your action on a separate piece of paper.*

\_\_\_\_\_ *date applicant became member*

\_\_\_\_\_ *date of church affirmation*

\_\_\_\_\_ *name of church*

\_\_\_\_\_ *address of church*

\_\_\_\_\_ *denominational affiliation*

\_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip*

\_\_\_\_\_ *signature of pastor/church leader*

\_\_\_\_\_ *email of pastor/church leader*

\_\_\_\_\_ *name of pastor/church leader (please print)*

\_\_\_\_\_ *phone of pastor/church leader*

# WORDWORLDVIEWWITNESS

**Upon completion, please send to: The Southern Baptist Theological Seminary · Admissions Office  
2825 Lexington Road · Louisville, KY · 40280 · Fax (502) 897-4723 · admissions@sbts.edu**

# Recommendation for Admission

to Boyce College

_____ Applicants Name / / _____ Date of Birth
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This form is confidential and will become the property of SBTS and will not be returned to the student. Should the applicant be denied or otherwise not enroll, SBTS is under no obligation to disclose the contents of the application to the applicant, nor will SBTS release any information to a party legally unrelated to SBTS unless required to do so. Upon enrollment, the application becomes a part of the student's permanent academic record and, as such, is subject to the Federal Family Educational Rights and Privacy Act (FERPA).

**To be completed by Recommender (family members are not acceptable)**

*Please print legibly.*

Recommender's name \_\_\_\_\_ E-mail address \_\_\_\_\_

Recommender's address \_\_\_\_\_

Recommender's job title \_\_\_\_\_ Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please evaluate the applicant in the following areas. Make comments on the back of this sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church-related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relating to others	5	4	3	2	1	N
Financial responsibility	5	4	3	2	1	N
Spouse/family relations	5	4	3	2	1	N
Academic/intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

Please complete other side

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

yes  no If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?

yes  no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

yes  no If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse/fiancé toward undergraduate education and vocational Christian ministry?

Very positive  Positive, with some reservations  Neutral  Negative

Not applicable Please elaborate \_\_\_\_\_

Would you recommend this person to a church-related position upon completion of undergraduate training?  yes  no

Do you recommend this person for admission?  yes  no If yes, please check one:

With confidence  With some reservations  With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant?

What characteristics do you consider to be the greatest weaknesses of the applicant?

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

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

Recommender's Signature

Date

Thank you for your thoughtful responses. Please return this form to:

Admissions Office  
The Southern Baptist Theological Seminary  
2825 Lexington Road  
Louisville, Kentucky 40280

# Recommendation for Admission

to Boyce College

_____
Applicants Name
/ /
Date of Birth

This form is confidential and will become the property of SBTS and will not be returned to the student. Should the applicant be denied or otherwise not enroll, SBTS is under no obligation to disclose the contents of the application to the applicant, nor will SBTS release any information to a party legally unrelated to SBTS unless required to do so. Upon enrollment, the application becomes a part of the student's permanent academic record and, as such, is subject to the Federal Family Educational Rights and Privacy Act (FERPA).

**To be completed by Recommender (family members are not acceptable)**

*Please print legibly.*

Recommender's name \_\_\_\_\_ E-mail address \_\_\_\_\_

Recommender's address \_\_\_\_\_

Recommender's job title \_\_\_\_\_ Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please evaluate the applicant in the following areas. Make comments on the back of this sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church-related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relating to others	5	4	3	2	1	N
Financial responsibility	5	4	3	2	1	N
Spouse/family relations	5	4	3	2	1	N
Academic/intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

Please complete other side

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

yes  no If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?

yes  no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

yes  no If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse/fiancé toward undergraduate education and vocational Christian ministry?

Very positive  Positive, with some reservations  Neutral  Negative

Not applicable Please elaborate \_\_\_\_\_

Would you recommend this person to a church-related position upon completion of undergraduate training?  yes  no

Do you recommend this person for admission?  yes  no If yes, please check one:

With confidence  With some reservations  With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant?

What characteristics do you consider to be the greatest weaknesses of the applicant?

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

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

Recommender's Signature

Date

Thank you for your thoughtful responses. Please return this form to:

Admissions Office  
The Southern Baptist Theological Seminary  
2825 Lexington Road  
Louisville, Kentucky 40280

# Recommendation for Admission

to Boyce College

_____
Applicants Name
/ /
Date of Birth

This form is confidential and will become the property of SBTS and will not be returned to the student. Should the applicant be denied or otherwise not enroll, SBTS is under no obligation to disclose the contents of the application to the applicant, nor will SBTS release any information to a party legally unrelated to SBTS unless required to do so. Upon enrollment, the application becomes a part of the student's permanent academic record and, as such, is subject to the Federal Family Educational Rights and Privacy Act (FERPA).

**To be completed by Recommender (family members are not acceptable)**

*Please print legibly.*

Recommender's name \_\_\_\_\_ E-mail address \_\_\_\_\_

Recommender's address \_\_\_\_\_

Recommender's job title \_\_\_\_\_ Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please evaluate the applicant in the following areas. Make comments on the back of this sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church-related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relating to others	5	4	3	2	1	N
Financial responsibility	5	4	3	2	1	N
Spouse/family relations	5	4	3	2	1	N
Academic/intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

Please complete other side

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

yes  no If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?

yes  no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

yes  no If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse/fiancé toward undergraduate education and vocational Christian ministry?

Very positive  Positive, with some reservations  Neutral  Negative

Not applicable Please elaborate \_\_\_\_\_

Would you recommend this person to a church-related position upon completion of undergraduate training?  yes  no

Do you recommend this person for admission?  yes  no If yes, please check one:

With confidence  With some reservations  With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant?

What characteristics do you consider to be the greatest weaknesses of the applicant?

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

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

Recommender's Signature

Date

Thank you for your thoughtful responses. Please return this form to:

Admissions Office  
The Southern Baptist Theological Seminary  
2825 Lexington Road  
Louisville, Kentucky 40280

## Authorization for Release of Information

Please complete one of the following sections below in its entirety. Written consent must be on file prior to the release of academic information. In accordance with the Family Educational Rights and Privacy Act of 1974, academic information is considered confidential, and its release, with certain exceptions, requires the written permission of the student.

Name of Applicant/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

I do not authorize the personnel of Southern Seminary and Boyce College to release information to any individual besides myself as regulated by the Family Education Rights and Privacy Act of 1972 (FERPA).

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

I hereby authorize the personnel of Southern Seminary and Boyce College to release information to the persons listed below regarding my standing in the following areas (only those checked will be released). By signing this consent to release information, I agree not to hold any of the above parties liable for discussions pertaining to my standing in the institution. I may file a written revocation of this agreement at any time, although it will expire July 31, \_\_\_\_\_.

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

Name of Person	<input type="checkbox"/> Admissions Status	<input type="checkbox"/> Academic Status
Relationship	<input type="checkbox"/> Financial Standing	<input type="checkbox"/> Personal Conduct

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Relationship	<input type="checkbox"/> Financial Standing	<input type="checkbox"/> Personal Conduct

Name of Person	<input type="checkbox"/> Admissions Status	<input type="checkbox"/> Academic Status
Relationship	<input type="checkbox"/> Financial Standing	<input type="checkbox"/> Personal Conduct

Authorized Staff Signature \_\_\_\_\_

Date \_\_\_\_\_



# BOYCE COLLEGE

*A school of The Southern Baptist Theological Seminary*

## Application for On-Campus Housing

- Please mail completed housing application with application for admission.
- Do not fill in information below if **NOT** applying for on-campus housing.

### Refusal of Campus Housing

Please check the box below, print your name, and list your birth date if you do not require campus housing. If you do not require campus housing, no deposit is needed.

**NO. I do not need on-campus housing.**

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

Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_

Social Security \_\_\_\_\_

Spouse Name, if applicable \_\_\_\_\_

Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Email \_\_\_\_\_

New Student  Current Student  On-line or Extension Student  Returning Student  Single  Married  
 Physical Handicap? Please explain: \_\_\_\_\_  Male  Female

Children:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

When do you plan to begin your studies? \_\_\_\_\_ Date housing needed: \_\_\_\_\_  
Month Year Month Year

A refundable \$100 deposit is required to apply for campus housing. The deposit must be received by Student Housing within 30 days of your acceptance to Boyce College. If sending the deposit with the application only check or money order, please. **Please make check separate from Admission application fee.** Refunds will be given if housing is unavailable, you are not accepted as a student, or you cancel your reservation more than 30 days before your planned occupancy. Include this housing application with your application for admission. Housing deposits sent separately should be sent to: Student Housing, The Southern Baptist Theological Seminary, 2825 Lexington Road, Louisville, KY 40280.

### Single students

**Dormitory Halls:** A meal plan is required for all dormitory residents. Rent does not include the meal plan fee.

Male  Female  
 Single occupancy  Multiple occupancy

Name of preferred roommate \_\_\_\_\_

All apartments are provided unfurnished. See website for utility information.

### Married students without children

Fuller Hall  1 bedroom, no A/C  
 Foster  1 bedroom, no A/C (PhD preferred)  
 Springdale  2 bedroom  
 Grinstead  1 bedroom  
 2 bedroom

### Married students with children

Grinstead South  1 bedroom  
 2 bedroom

### Pets:

Are you bringing a pet?  Yes  No (Grinstead only)

Please list your apartment preferences and your first choice will be honored whenever possible:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Background Information:

Yes No

Have you ever been convicted of any crime (other than minor traffic or driving violations) or been dishonorably discharged from any branch of the Armed Services?

Have you ever used illegal drugs or abused alcohol?

**If you answered "yes" to either of the above questions, please provide appropriate details on a separate sheet and documentation as needed.**

Honest answers will not result in bias or an automatic denial of your application.

### Contact Information:

Please list two people who will always know how to contact you:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_