



# APPLYING TO PROGRAM

## APPLICANT INFORMATION

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

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

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

Phone (Home / Work / Mobile): \_\_\_\_\_

## INSTRUCTIONS

Below are the 14 questions that must be answered thoughtfully and carefully. Retype each question with your detailed answers, on separate sheets of paper. **Please, do not submit your answers on this sheet of paper.** This sheet is for your contact information and signature only!

Mail your completed application to: *School of Sacred Ministries at Pebble Hill Interfaith Church, 320 Edison-Furlong Road, Doylestown, PA 18901, Attention: Program Admissions.* Please, enclose a check for \$50 (non-refundable application processing fee) made out to *School of Sacred Ministries.*

**Any application not completed according to these instructions will be rejected.**

*All information is strictly confidential. All questions must be answered.*

## APPLICATION QUESTIONS

1. How did you hear about us?
2. Why do you want to enroll in an interfaith studies program and/or become an interfaith minister (i.e., a member of interfaith clergy)?
3. Give a brief description of your religious/spiritual background to present.
4. What is it about spiritually ministering to others that attracts you?
5. What does the statement, "We are all ministers" mean to you?
6. What do you believe are the ethical implications of being a minister (i.e., member of clergy)?
7. What previous areas of interest do you see yourself integrating with your ministry experience?
8. In the past twelve months, what experiences have you had that prepare you for, or compliment, a program of interfaith studies (i.e., seminars, workshops, books, tapes, CDs, DVDs, podcasts, etc.)?
9. What are you expecting in terms of education, practical knowledge, and personal growth?
10. Describe your professional and educational history (include highest level of education achieved, and list your current licenses and/or certifications).
11. Evaluate yourself as an applicant to our program. What areas of expertise do you currently have and how do you see the training from our program enhancing your skills?
12. Any health considerations we need to be aware of? (e.g., physical limitations, allergies, etc.)
13. Describe your mental-emotional health/history. (e.g., therapy, hospital, medical treatments, etc.)
14. Provide **name**, **email**, and **phone** for one (1) professional and two (2) personal references.

**By my signature, I certify the information I provided on and in connection with this form is true, accurate and complete to the best of my ability:** \_\_\_\_\_.

BE ADVISED: PROGRAM LOCATION IS NOT HANDICAPPED ACCESSIBLE