



Exploring Differences, Deepening Faith

BLACK MINISTRIES PROGRAM
PROGRAMME DE MINISTERIOS HISPANOS

Please return all materials with your application fee of \$40 to:

Semester and year in which you plan to begin studies:

Fall Spring Year _____

Personal Information

Name _____
Title (Rev., Mr., Mrs., Ms., etc.) First Middle Initial Last

Home Address _____
Street City State Zip Code

Home Phone (_____) _____ Home E-mail _____

Work Place and Full Address _____
Name of Employer Street City

Work Phone (_____) _____ Work E-mail _____

Date of Birth _____ Place of Birth _____

Social Security Number _____ U.S. Citizen? Yes No

Religious Affiliation _____
(i.e. AME, American Baptist, Seven Day Adventist, UCC)

Name of Pastor or Religious Leader _____

Place of Worship and Address _____
Title Street City State Zip Code

Hartford Seminary policy prohibits discrimination against any individual on the basis of race, sex, sexual orientation, religious creed, color, age, national or ethnic origin, ancestry, marital status, present or past history of mental disorder, mental retardation, learning disability or physical disability including, but not limited to, blindness or veteran status, or any other reason prohibited by an applicable law or regulation in the employment of faculty, staff, and students; in the recruitment and admission of students; and in the operation of all Seminary programs, activities, and services. Additionally, the Seminary will not condone acts of violence or harassment reflecting bias or intolerance of any of the above mentioned classes. Evidence of practices that are inconsistent with this policy should be reported to the Office of the Dean.

Educational Information

Please list all high schools, colleges, professional and graduate schools you have attended, beginning with the institution you most recently attended.

School Name and Location	Dates Attended	Degree Received

Undergraduate Major _____ Graduate Field _____

Work Experience

Please list your present position first. Please include dates of employment, title, institution and location, and nature of work.

Employer Name and Address	Title/Nature of Work	Dates of Employment

Church Positions and Responsibilities

Employment, Community or Academic Honors Received

Community or Other Activities and Interests

Personal Statement

Enclose a 1-2 page (double spaced) typewritten statement reflecting on the following areas. Please take the time to construct your statement carefully, as this sample will be used to determine your writing proficiency. Your application will not be processed without your personal statement.

- A. Your goals in seeking theological education and the personal experiences which have led you to make this decision.
- B. The reason(s) you have chosen the Black Ministries Program and the Programme de Ministerios Hispanos at Hartford Seminary and your expectations of the program.
- C. The life experiences that have most significantly shaped your values and who you are as a person.
- D. Any further information you feel we should be aware of as we review your application.

FINANCIAL AID APPLICATION

Applicants who are applying for financial aid must complete this section. Incomplete requests will not be processed.

Please attach a copy of your income tax return for the previous year, or a copy of your pay stub.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone (____) _____ Social Security Number _____ - _____ - _____

Academic Year _____ Scholarship Amount Requested (max awarded 50% per course) \$ _____

Is your participation in this program dependent on receipt of this financial aid? Yes No

If "yes", please explain and list dependents and/or unusual circumstances we should consider:

Employer _____

Employer Address _____
Street City State Zip Code

Employer Phone (____) _____ Monthly Salary _____

Monthly Expenses _____

**By my signature I certify that the above information is accurate to the best of my knowledge.
I understand that all information pertaining to this application will remain confidential.**

Name of Student _____ Signature _____

Recommendations

Two letters of recommendation are required. One letter must be from a professor, minister/religious official, or community/civic associate who can speak to your personal qualities, values and commitments. The second letter may be from a person of your choosing, however, it is recommended that the letter be from a second pastor or church member, if at all possible.

Please list below the names and addresses of the two persons to whom you are sending the recommendation forms:

A) Minister/Religious Official/Community/Civic Associate Professor/Instructor or Professional Colleague

Name	Address	Phone Number
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B) Other

Name	Address	Phone Number
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Important Information

Before mailing your application:

- Make sure the entire application is legible and complete.
- Include your personal statement.
- Letters of recommendation can be mailed or faxed by the recommenders or they can be mailed along with your application.
- Include your application fee of \$40. Make check or money order payable to: **Hartford Seminary** and please write “**BMP/PMH**” on the memo line.
- If applying for financial aid, be sure to completely fill out the financial aid section of the application and include a copy of your income tax return and/or copy of your pay stub.
- Send complete and signed application and all other supporting paper work to:

Hartford Seminary
Attn: Admissions Coordinator
77 Sherman Street
Hartford, CT 06105

Statement

By signing below you are stating that you wish your application to be reviewed by Hartford Seminary; that all information contained in the application is factually correct and honestly presented; that you understand that all materials submitted for the application remain confidential and become part of the permanent record of the school; and that these materials are not returnable.

Signature

Date