

Summit Theological Seminary



Summit Theological Seminary

Office Use Only

Date Rec'd _____

App. Fee Paid _____

Approved _____

Please attach current photo here.
(Photo does not need to be this size.)

I am enrolling in the Summit School of Preaching (SSP)

I am enrolling in the Independent Studies Program.

Application of Admissions Form

Please Send Completed Application to:
Summit Theological Seminary
2766 Airport Road – Peru, IN 46970

Questions? Please contact us at:
Phone: 765-472-4111
Fax: 765-472-4111
Website: www.summit1.edu
Email: summit1@myvine.com

General Information (Please complete all information legibly and clearly.)

Date application submitted _____

For SSP Residency: Semester you plan to enroll: Fall Spring Summer of 20__ Year of H.S. Graduation: _____

Full Name: Mr./Miss/Mrs. _____
(Circle one.) (First) (Middle) (Last) (Maiden Name)

Name usually called _____ E-mail address _____

Address _____

City _____ State _____ Zip _____ Country: U.S.A. Other _____

Phone (____) _____ Cell Phone (____) _____ Date of Birth _____ Age _____

Social Security Number: _____ - _____ - _____ Gender: Male Female

Have you ever applied to Summit Theological Seminary before? Yes No

If enrolling in the SSP Resident Program - Will you be living on-campus? Yes No

Are you presently married? Yes No If yes, name of spouse _____

Father's Name and Address _____

Father's Phone (____) _____ Occupation _____ Work Phone (____) _____

Mother's Name and Address _____

Mother's Phone (____) _____ Occupation _____ Work Phone (____) _____

Name and address of church that you attend _____

Church Phone(____) _____

Name of Preacher _____ Preacher's Home Phone (____) _____

How long have you been saved? _____ How long have you been attending this church? _____

What Christian work/ministries have you done? _____

Educational Information

Schooling received in preparation/or a high school diploma or the equivalent (Complete all that apply.):

Traditional High School. Name and address of school _____
Phone (____) _____ Years attended: 9th 10th 11th 12th Date of Graduation _____

Home School. Who will/has issue(d) your diploma? _____
Phone (____) _____ Years attended: 9th 10th 11th 12th Date of Graduation _____

G.E.D. When will/did you take the test? _____ State _____ Did you pass? Yes No

Please list any colleges or Bible Institutes you have attended previously. (Use additional paper if necessary.)

Name of College	City / State	Dates Attended	Degree Obtained

Are you seeking admission to any other colleges? Yes No If so, to which? _____

Have you ever been denied admission to a high school or college level educational institution? Yes No

Were you ever expelled, dropped, or suspended by any school or college? Yes No

How did you first hear about Summit Theological Seminary? _____

What prompted you to apply to Summit Theological Seminary? _____

What Major or Program of Study* do you intend to pursue? _____

* See our catalog or visit www.summit1.edu for a list of programs offered from our on-line Student College Catalog.

Cost and Fees:

One-time Enrollment \$ 30.00
 Independent Study Undergraduate... \$ 30.00 per credit hour
 Independent Study Graduate... \$ 50.00 per credit hour
 Resident Program Undergraduate... \$ 60.00 per credit hour
 Resident Program Graduate... \$100.00 per credit hour

Personal Information (Only to be filled out if enrolling in SSP Resident Program)

Marital Status: Single Married Divorced Separated Annulment Widow(er)
 Have you ever been divorced or had a marriage annulled? Yes No
 What is the general condition of your health? _____
 Do you have any children? Yes No If yes, how many? _____
 Have you ever used tobacco? Yes No If so, when did you last use it (month/year)? _____
 Have you ever consumed alcoholic beverages? Yes No If so, when did you last drink (month/year)? _____
 Have you ever used illegal drugs? Yes No If so, when did you last use them (month/year)? _____
 Have you ever sold illegal drugs? Yes No If so, when did you last sell them (month/year)? _____
 Do you have a court record? Yes No
 Have you ever sought or received psychiatric counsel? Yes No
 Is there anything in your past about which we should know? Yes No If yes, please explain. _____

What is your present occupation? _____
 Work Phone (_____) _____
 Are you prepared to handle your first year's expenses, or willing you have to work to meet them? Yes No
 Are you in debt? Yes No If so, approximately how much? _____

Personal Testimony: (Only to be filled out if enrolling in the SSP Resident Program)

On a separate piece of paper, please write a short resume about:

- (1) Your salvation experience.
- (2) Your reasons for attending SSP (Summit School of Preaching).
- (3) Your plans after you graduate.

All Applicants to Read and Sign:

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Summit Theological Seminary. Upon registration I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of Summit Theological Seminary.

Signature of Applicant _____ Date Signed _____

The \$30.00 application is required for you to be considered. This is a Non-refundable fee. In order to pay this fee *now* by credit card, please complete the following:

Cardholder's Name: _____ Applicant's Name: _____
 Cardholder's Billing Address (Street Address and Zip Code): _____
 Card Number: _____ Expiration Date: _____
 Type of Card: Visa MasterCard Discover
 Cardholder's Signature _____ Date Signed _____

Please mail your \$30.00 enrollment fee if using a check or money order to:
 Summit Theological Seminary
 Admissions
 2766 Airport Road - Peru, IN 46970

--Thank you.