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App. Fee Paid	_____
Approved	_____

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

Application of Admissions Form For Summit's School of Preaching Resident Program

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.org
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)

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/Address of Church 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.org for a list of programs offered from our on-line Student College Catalog.

Cost and Fees:

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

Personal Information

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? _____

Media Preference: Number the type of media you prefer 1st, 2nd, 3rd, then 4th. CD MP3 DVD Other _____

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.