

APPLICATION FOR ADMISSION

Doctor of Ministry Degree Program (D.Min.)

Office of Graduate Studies
Concordia Theological Seminary
6600 N. Clinton St.
Fort Wayne, IN 46825-4996

Phone: (260) 452-2203
Fax: (260) 452-2285

www.ctsfw.edu

PERSONAL INFORMATION

Name _____
First (Full) Middle (Full) Last

Address _____
Street, Route, Box #

City _____ State _____ Zip _____

Home/Cell # (_____) _____ - _____ Office Phone # (_____) _____ - _____

Email _____

Social Security Number _____

Date of Birth _____ Birth Place _____
Month Day Year City State Country

Citizenship (nation) _____ Visa _____

Marital Status: Single Married Separated Divorced Divorced-remarried

If married, name of spouse _____

APPLICATION FEE AND PHOTO

Please attach a recent photo of your self and affix your \$35 non-refundable application fee. (Please do not send cash. You can make your check out to Concordia Theological Seminary.)

PROFESSIONAL INFORMATION

Ordination _____
(When, Where, Church Body)

Present Synod or Church Body _____

Positions related to the Office of Ministry that you have held. List chronologically, present position(s) first.

Attach additional page if necessary. _____

Work experience you have had which is not directly related to the Office of the Ministry. List chronologically, beginning with the most recent. _____

Professional associations of which you are a member _____

Professional certificates (e.g., CPE Supervisor) _____

Formal honors or recognition received _____

EDUCATIONAL BACKGROUND

Seminaries, universities and colleges attended, dates and degrees earned. List the most recent first. _____

Major field(s), thesis or dissertation topic(s) _____

Formal honors or academic recognitions _____

Significant educational training experiences (seminars, CPE training, etc.) not included on transcripts _____

Have you ever been expelled from a seminary? No Yes

If yes, please respond in detail on a separate page.

EVALUATIONS

Evaluation statements have been requested from:

Synod/District Official Name _____

Address _____
Street, Route, Box #

City _____ State _____ Zip _____

Another Pastor Name _____

Address _____
Street, Route, Box #

City _____ State _____ Zip _____

Third Evaluator Name _____

Address _____
Street, Route, Box #

City _____ State _____ Zip _____

Church Council/Executive Agency Name _____

Address _____
Street, Route, Box #

City _____ State _____ Zip _____

APPLICATION REVIEW

It is the policy of the Doctor of Ministry Program at Concordia Theological Seminary (CTS) not to exclude, expel, or otherwise discriminate against an individual seeking admission as a student in the terms of conditions and privileges of Concordia Theological Seminary because of race, color, sex or national origin.

For complete text of the Non-Discrimination Policy Statement, see the current academic catalog at www.ctsfw.edu/AcademicCatalog.

I understand that in reviewing my application, Concordia Theological Seminary will receive from other individuals and organizations information and materials relating to my personal, academic and professional background. I agree that this application and all of its enclosures are the property of Concordia Theological Seminary and I waive the right to inspect this material if I am denied admission to the program. If I am granted admission to the program, the Family Education Rights and Privacy Act (FERPA) will govern my rights of inspection.

I also authorize the Registrar's Office of Concordia Theological Seminary, to release, as it deems appropriate, my quarterly grade reports and/or cumulative G.P.A. during the time I am a student at Concordia Theological Seminary to agencies, institutions or others involved in providing funds for my education. I agree to abide by the policies, rules and regulations of Concordia Theological Seminary.

I certify that all information on this application and other materials provided for admission are accurate, complete and true. I understand that withholding information or giving false information on this application or other materials provided for admission will make me ineligible for admission to CTS and/or result in termination of enrollment at CTS.

Applicant's Signature

_____/_____/_____
Date

Printed Name

APPLICATION CHECKLIST

The following are enclosed:

- \$35.00 application fee
- Two representative sermons
- Case study
- Personal Statement
- Photo
- Transcripts have been requested
- Are already on file at Concordia Theological Seminary
- A "Statement of Encouragement and Support" has been requested
- Four evaluation statements have been requested

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EVALUATION STATEMENT

_____ has made application to the Doctor of Ministry Program at Concordia Theological Seminary (CTS), Fort Wayne. Please give us your frank opinion, telling us whether you think the applicant has the qualities to grow in ministry and to be effective on the local level and in the church-at-large. It will be helpful if you will give your response to questions such as these:

1. What are the applicant's specific strengths and weaknesses, both personal and professional?
2. In what respects is he effective in his present ministry?
3. In what respects is he ineffective?
4. In what ways has he demonstrated the ability to grow in his own ministry?
5. Is he a leader and can he help lay and professional persons to improve their service in the church?
6. Should the applicant be encouraged to proceed with the degree program? Why do you think so? The purpose of the Doctor of Ministry Program is to assist in the sharpening of theological insights, in the application of them to the practical ministry and in the ability to evaluate ministerial practice.

Your evaluation will be more meaningful if you can supply specific illustrations in answering the above questions. For example:

1. In what ways has the congregation or agency which the applicant is serving gained new life and found new directions as a result of his leadership?
2. Can you cite specific cases where parishioners, pastors or other church leaders have come to the applicant for advice?
3. What new programs or new directions for programs has he introduced?
4. What specific instances can you name where he has taken the initiative for planning or is carrying out activities locally or in the larger church scene?

This evaluation will be treated in strict confidence and used only by the Graduate Admissions Committee. Please be candid, at the same time supplying information which will be most helpful for the application of the candidate.

Thank you for your help.

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PERSONAL STATEMENT

Submit a personal statement of 3-5 single-spaced typewritten pages describing your ministerial experience including:

1. An autobiographical summary.
2. A self-assessment of personal and professional strengths and weaknesses and what effect they have on your ministry.
3. A description of how you have grown theologically during your ministry.
4. A description of the main challenges facing the Christian church today and your own priorities in responding to those challenges.
5. A summary of what you expect from the Doctor of Ministry Program. Why do you wish to enter the program?
6. A statement of your financial resources and needs for carrying out the program.
7. A statement that you are committed to work toward completion of the program as outlined.
8. A preliminary description of the ministry project you are considering for the Doctor of Ministry Program should be included. This project needs to fit your current parish or ministerial context with potential for broader application to the church-at-large.

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STATEMENT OF ENCOURAGEMENT AND SUPPORT

The Doctor of Ministry Program at Concordia Theological Seminary provides an unusual planned opportunity for mutual growth on the part of the congregation and its pastor. The congregation which has captured this vision will be ready to cooperate with the pastor in specific ways so that together with the congregation the pastor may:

1. Increase his "competence in ministry" in designated areas;
2. Discover ways to enhance and integrate biblical-theological knowledge with ministerial and pastoral skills;
3. Identify needs and opportunities for ministry and improve in the ability to analyze and assess the parish;
4. Test out new strategies and modify current practice;
5. Stimulate the congregation and involve all members for greater service;
6. Motivate the congregation to undergird his efforts and assist him in his attempts to build up his own ministry.

We, _____, of _____
(Church Council, Executive Board, Other) *(Name of church or agency)*

_____, affirm the goals of the Doctor of Ministry Program offered by
(City, State)

Concordia Theological Seminary and, in recognition of its value for the church-at-large, for our own congregation and for

_____, hereby state our willingness to cooperate with him in the pursuit of this program to the best of
(Name of applicant)

our ability and specifically in the following ways:

1. Grant him the opportunity to attend the class sessions at Concordia Theological Seminary, Fort Wayne, over a period of two calendar years (normally);
2. Provide adequate vacation time for the pastor during the course of his program;
3. Permit the pastor time for study and reflection that is necessary for the completion of his program and also for the special ministry project;
4. Appoint a Coordinating Ministry Team a) to serve as liaison with the congregation in the planning, coordinating, evaluating and supporting the program, b) to make whatever arrangements are necessary so that the pastor may be absent and so that parish activities function properly during his absence, c) to aid in the solicitation of participation on the part of the parish as necessary for carrying out the special project, d) to inform the congregation, report regularly and interpret the program to the parish and e) to communicate with Concordia Theological Seminary as the project is being carried out.
5. (Other agreement, specific/mutual understandings)

Signed

Name *Office*

Address

Name *Office*

Address

Date _____

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CASE STUDY OUTLINE

The Doctor of Ministry Program is designed to aid the pastor to grow in the capacity to sharpen his theological insights as he reviews the activities of his parish in terms of four basic categories of theological study—exegetical, historical, systematic and pastoral theology; to grow in the ability to analyze and recognize how his theological understandings have been brought to bear upon his ministry in the past; and to grow personally and in the application of his skills as he carries out his activities in the parish and the church-at-large in the future.

CASE STUDY FORMAT

The form of your case study may follow this general pattern:

1. A brief overview of a specific pastoral issue or problem in your ministry.
2. A statement explaining your response including the theological as well as the practical considerations which determined your response.
3. A summary of what you did.
4. What were the results?
5. Evaluate the results as to their effectiveness.
6. What potential value does this have for your personal development from the point of view of theology and practice?

Be succinct in your statement. Limit yourself to two, single-spaced typewritten pages. It may be helpful to prepare a rough copy and refining it to two pages.