



ADMISSION APPLICATION FOR PASTORAL CERTIFICATE PROGRAMS

Date of Application: _____

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Home Address: _____

Phone: _____

Email: _____

Church Membership in which Member Church: _____

Church Sponsorship by which Member Church: _____

Has the sponsoring church acted (congregational vote) to support you in your pursuit of SDBU?

Yes No

Date Action Taken: _____

What is current or proposed role at your church?

Lead or Solo Pastor

Other Pastor

Deacon/Deaconess

Ministry Leader

Church Planter

Applying for: Basic Pastoral Certificate

Advanced Pastoral Certificate

PREVIOUS EDUCATIONAL EXPERIENCE

High School Name and City/State: _____

College 1 and /City/State: _____

Degree: _____

College 2 and /City/State: _____

Degree: _____

College 3 and /City/State: _____

Degree: _____

Previous SDBU Training: _____

(SDBU Core Curriculum, SDBU Lay Leader Certificate, etc.)

Other certificates or training: _____

PREVIOUS MINISTRY EXPERIENCE

(Experience can be paid or unpaid. Please list the most recent experiences.)

Experience 1 Church Name and City/State: _____

Role: _____

Experience 2 Church Name and City/State: _____

Role: _____

Experience 3 Church Name and City/State: _____

Role: _____

Experience 4 Church Name and City/State: _____

Role: _____

Experience 5 Church Name and City/State: _____

Role: _____

REFERENCES

Ministry Reference Name: _____

Phone: _____

Email: _____

Personal Reference Name: _____

Phone: _____

Email: _____

OTHER INFORMATION

If you are married, does your spouse support your application? Yes No

I understand that by applying to this program that I am responsible for timely interaction in my classes and in my financial obligations.

Is there any other information that may need to be considered regarding your application?

Please submit this completed application to sdbu@seventhdaybaptist.org or mail it to:

SDBU
PO Box 1678
Janesville, WI 53547

For Office Use Only:

Date Received by Registrar/Dean: _____

Approved by School of Ministry Committee: Date: _____

Approved by COM: Date: _____