

# Application for Admission

For Undergraduate or Graduate Students  
(College or Seminary)



## Mailing Address

Midwestern Baptist Theological Seminary  
Admissions Office  
5001 North Oak Trafficway  
Kansas City, MO 64118-4697

## Contact Information

Telephone – (816) 414-3738 or 1-800-944-6287  
FAX – (816) 414-3797  
Email – [admissions@mbts.edu](mailto:admissions@mbts.edu)  
Web Site – [www.mbts.edu](http://www.mbts.edu)

**An application and profile includes the following items:**

- Completed application form.** Additional typed pages may be attached to answer any section.
- A \$50.00 non-refundable application fee.**
- Immunization Records**
- Official transcripts** from any post-high school educational institution must be sent directly from the institution attended to Midwestern Baptist Theological Seminary Admissions Office.
- Church Endorsement Form** completed by the church where the applicant is currently a member.
- Pastor Recommendation Form** completed by a Pastor. If you have less than a one-year relationship with your Pastor, then a deacon or Sunday School teacher may complete this form. If you are a Pastor, send the form to your Director of Missions.
- Recommendation Forms** completed by two persons not related to the applicant and by persons the applicant has known for at least one year.
- Applicant and/or Family Essays.**

**Privacy Statement**

The information provided in this application will only be used to determine the applicant's suitability as a candidate for admission to Midwestern Baptist Theological Seminary (MBTS). The application profile materials become the property of MBTS and will not be returned to the applicant. Should the applicant be denied acceptance or choose not to attend MBTS, the application profile may be destroyed or maintained for an indefinite period of time. During this time, MBTS is under no obligation or requirement to disclose the statements of the application profile to the applicant, nor will MBTS release or disclose any information to a party legally unrelated to MBTS unless required to do so, and then only if the applicant has been notified.

Application profiles are valid for one year; profiles from incomplete and/or inactive applications will be destroyed at that time. Upon acceptance and attendance as a student, the application profile becomes a part of the student's permanent academic record and, as such, is subject to MBTS' published student records policies and procedures and the Federal Family Educational Rights and Privacy Act (FERPA).

MBTS complies with applicable laws regarding nondiscrimination based on factors such as race, gender, national origin, age, or disability in its educational and employment policies. As a religious organization, MBTS does consider religious faith, practice, and character to be relevant criteria in many educational decisions.

**Spring applications and profiles are due by December 15<sup>th</sup>.**

**Fall applications and profiles are due by July 15<sup>th</sup>.**

**Registration Information**

**Year and Semester Applying:** 20\_\_  Fall  January  Spring  Summer

**Indicate the Undergraduate or Graduate program to which you seek admission:**

<p><b>Bachelor of Arts Degree Programs (4 + yrs)</b></p> <p><b>Biblical Studies Major</b></p> <p><input type="checkbox"/> Traditional Program</p> <p><input type="checkbox"/> MACCEL Degree Completion Program</p> <p><b>Christian Ministry Major</b></p> <p><input type="checkbox"/> Basic Program</p> <p><input type="checkbox"/> Christian Education Concentration</p> <p><input type="checkbox"/> Cross Cultural Studies Concentration</p> <p><input type="checkbox"/> Pastoral Concentration</p> <p><b>Missionary Aviation Major</b></p> <p><input type="checkbox"/> Flight Training Concentration</p> <p><input type="checkbox"/> Maintenance Concentration</p> <p><b>Master of Divinity Programs (3 + yrs)</b></p> <p><input type="checkbox"/> Traditional Program (M.Div.)</p> <p><input type="checkbox"/> Biblical Language Concentration (M.Div. – BL)</p> <p><input type="checkbox"/> Christian Education Concentration (M.Div. – CE)</p> <p><input type="checkbox"/> Collegiate Ministry Concentration (M.Div. – COL)</p> <p><input type="checkbox"/> Counseling Concentration (M.Div. – CO)</p> <p><input type="checkbox"/> International Church Planting Concentration (M.Div. – ICP)</p> <p><input type="checkbox"/> North American Church Planting Concentration (M.Div. – NACP)</p> <p><input type="checkbox"/> Urban Evangelism Concentration (M.Div. – UE)</p> <p><input type="checkbox"/> Worship Leadership Concentration (M.Div. – WL)</p> <p><input type="checkbox"/> Youth Ministry Concentration (M.Div. – YM)</p>	<p><b>Associate Degree Programs (2 + yrs)</b></p> <p><b>Associate of Divinity</b></p> <p><input type="checkbox"/> Traditional Program</p> <p><input type="checkbox"/> Church Planting Concentration</p> <p><b>Associate of Arts Programs</b></p> <p><input type="checkbox"/> Biblical Studies Major</p> <p><input type="checkbox"/> Christian Education Major</p> <p><input type="checkbox"/> Church Music Major</p> <p><b>Master of Arts Programs (2 + yrs)</b></p> <p><input type="checkbox"/> Christian Education (MACE)</p> <p><input type="checkbox"/> Christian Education Plus Worship Leadership Concentration (MACE)</p> <p><input type="checkbox"/> Church Music (MACM)</p> <p><input type="checkbox"/> Counseling (MACO)</p> <p><input type="checkbox"/> Biblical Archaeology (MA-BA)</p> <p><input type="checkbox"/> Biblical Languages (MA-BL)</p> <p><b>Graduate Certificate (1 yr)</b></p> <p><input type="checkbox"/> Christian Foundations for Lay Ministers (GC-CF)</p>
---	--

**Family Information**

Spouse/Fiancée/Fiancé Name (First, Middle, Last)		
Maiden Name (if applicable)	Date of Birth	Date of Marriage
Dependents - Name(s)	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

## Personal Information

Name, First	Preferred	Middle	Last	Suffix
Mailing Address			Maiden Name or Former Name	
City	State	Zip Code	Country	
Home Telephone Number		E-Mail Address		
Employer Name <i>and</i> Work Telephone Number			Date of Birth (Month/Day/Year)	
Social Security Number	Race/Ethnicity (for reporting use only): Please answer both questions below – or check here <input type="checkbox"/> if you choose not to respond		Have you served in the Military?	
Emergency Contact Name _____	1. My ethnicity is Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No  2. My race is one or more of the following, please mark one or more: <input type="checkbox"/> American Indian\Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black\African American <input type="checkbox"/> Native Hawaiian\Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Yes _____	
Relationship _____			<input type="checkbox"/> No	
Phone ( ) ____ - _____			Marital Status – Check all that apply	
Country of Citizenship	<input type="checkbox"/> Foreign (Non-US citizens); indicate Visa Type _____ Admission Number _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
			How did you hear about Midwestern?	
			If not a native English speaker what is your TOEFL Score?	

## Religious Information

How long have you been a Christian?	Month and Year		
Current Church Membership	Length of current membership		
Street address	City	State	Zip Code
Pastor's name	Church Denomination: <input type="checkbox"/> Southern Baptist Church <input type="checkbox"/> Other Baptist Church <input type="checkbox"/> Other _____		
In what ways do you serve in your local church/ministry?	<input type="checkbox"/> Personal Evangelism <input type="checkbox"/> Sunday School Teacher <input type="checkbox"/> Administrative Support Staff <input type="checkbox"/> Paid Staff; position _____ <input type="checkbox"/> VBS/Children's Worker <input type="checkbox"/> Short-term Missions <input type="checkbox"/> Choir/Solo/Music Ministry <input type="checkbox"/> Other _____		
Licensed Minister <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Name and Location		Date
Ordained: <input type="checkbox"/> Deacon <input type="checkbox"/> Minister	Church Name(s) and Location(s)		Date(s)

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

## Education Information

Last School Graduated From	Graduation Date (or GED completion date)
City and State	ACT or SAT Score / GPA ( <b>required</b> if 21 years or younger)

**All original, official, sealed transcripts must be sent from all schools attended** (Required for accreditation; attach an additional page if necessary)

High School and/or College/University – List all attended School Name City, State	Dates Attended	Major	Degree (or hours)

## Employment Information

Please complete the following or attach a current résumé.

<b>Ministry Work:</b> Begin with most recent position		
Position/Title	Church/Ministry Name and Location	Dates of Service

<b>Secular Work:</b> Begin with most recent position		
Position/Title	Employer Name and Location	Dates of Employment

## Financial Information

Please list long-term financial obligations (i.e. student or car loans, mortgages, credit card debts, etc.)

Type of Obligation	Total Amount Owed	Monthly Payment
	\$	\$
	\$	\$
	\$	\$

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Amount of Debt	\$	

\*Please attach any additional financial information

Have you ever been engaged in legal action regarding your personal finances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____ _____		

## Health/Emotional/Social Information

The information provided in this form is designed to help us better minister to our current and incoming students. Answering 'yes' to any of these questions will **not** constitute an automatic denial of admission.

Have you used illegal drugs or abused alcohol or prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been under the care of a psychologist, mental health counselor, or psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any communicable diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved in heterosexual misconduct or homosexual behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been ever been arrested or convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the above questions, please explain the circumstances. _____ _____ _____		
Do you require special assistance because of a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain the circumstances. _____ _____		
What medical factors, if any, might interfere with your ability to carry a full academic load while at seminary? _____ _____		
If you are married, please rate the health of your marriage (1 = low, 10 = high) _____		
<b>Have you ever been convicted of a sexual offense?</b>		
<b>Does your name currently appear on any list of sex offenders?</b>		
If you answered "yes" to either of the two previous questions, please attach detailed information regarding the offense.		

## Immunization Records

**Please read carefully.** Part I is mandatory for all students. Parts II and III are mandatory for students as indicated. **Obtain copies** of your immunization records and attach to this form. Students should retain original documents.

Examples of acceptable documents include:

- Copies of personal immunization records (“baby book”)
- Copies of physician office or Health Department immunization records
- Copies of High School or previous college immunization records

### Part I: Measles, Mumps, Rubella (MMR)

Required for all students

MBTS requires all newly enrolled or readmitted students born after December 31, 1956 must comply with the 2-dose Measles Immunization Policy. If a second immunization is needed, it must be the combined MMR vaccine.

**2 doses or MMR vaccine.** The first does must have been given at age 12 months or later. The second dose must have been given at least one month after the first one.

Or

**1 dose of MMR vaccine AND 1 dose of rubeola** at 12 months of age or later. The second dose must have been given at least one month after the first does.

Or

**Titer** (blood test) results proving immunity to measles (rubeola), mumps and rubella. Documentation is required.

### Part II: Meningococcal Vaccine

**Required for all students living in the dorm**

Missouri legislation requires students in Midwestern residence hall housing to either:

- 1) Show documentation of meningococcal vaccine **or**
- 2) Sign a waiver that indicates they have been provided educational materials but have chosen not to receive the vaccine at this time. To make an informed decision about receiving the vaccine it is important to read the information provided at the following websites:

Centers for Disease Control (CDC) [www.cdc.gov/nip/publicatoins/vis/vis-mening.pdf](http://www.cdc.gov/nip/publicatoins/vis/vis-mening.pdf)

American College Health Association (ACHA) [www.acha.org/projects\\_programs/meningitis/disease](http://www.acha.org/projects_programs/meningitis/disease)

**For students who have received the vaccine:**

I have received the meningococcal vaccine. A copy of the required documentation is attached.

**Waiver:**

MBTS has provided me information explaining the risk of meningococcal disease and the effectiveness and availability of the vaccine. I understand that Missouri Law Section 174.335 requires “all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student’s parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine.” I have not received the meningococcal vaccine at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part III: Tuberculosis (TB) Screening

Required for all students in any of the following categories:

**International Students:** I agree that I must undergo the TB skin test, and, if applicable, chest x-ray, at an approved location before New Student Orientation. I agree that I will participate in the scheduled visit to the testing site or make my own arrangements to get tested before New Student Orientation. I understand that I will not be allowed to enroll in my first semester of classes until I complete the TB testing

Signature \_\_\_\_\_ Date \_\_\_\_\_

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

**US Citizens:** Check all that apply.

- I am from or have lived for 2 months or more in Asia, Africa, Central or South America or Eastern Europe
- I have been diagnosed with a chronic medical condition that may impair my immune system
- I am a health care worker
- I am a volunteer or employee of a nursing home, prison or other residential institution
- I have had contact with a person known to have tuberculosis

I agree that if I checked any of the above boxes, I must take the TB skin test at an approved location before New Student Orientation. I understand that I will not be allowed to enroll in classes until I take this test, and, if applicable, the chest x-ray.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved TB testing locations:**

Kansas City, MO Health Dept.  
2400 Troost Ave.  
KC, MO 64108  
816-513-6008

TB testing available 8:00-12:00, 1:00-4:00, on Monday, Tuesday, Wednesday, and Friday. No appointments are necessary. \$20 per test, unless the student has Medicaid.

Clay County Health Services  
800 Haines Drive  
Liberty, MO 64068  
816-595-4200

TB testing available on Monday, Tuesday, Wednesday, and Friday. 8:30-11:00 for walk-ins, and from 1:00-3:00 appointments are necessary. \$20 per test.

## Part IV: Other Immunizations

Immunizations recommended, but not required for students.

<b>Tetanus/Diphtheria</b> – Date received within the past 10 years	___ / ___ / ___
<b>Hepatitis B series</b> – (3 doses) Dates received even if incomplete	___ / ___ / ___    ___ / ___ / ___    ___ / ___ / ___
<b>Influenza vaccine</b> – Last date received	___ / ___ / ___
<b>Varicella</b> (chicken pox) – If no vaccine, date of natural infection	___ / ___ / ___

If any of these immunizations have been received please send a copy of your record.

## Recommendations

List the names of three people you have requested to complete a recommendation form. The recommenders should **not** be relatives and should be people you have known for at least one year. **One recommender must be a pastor in your local church.** (These forms are attached.)

Name	Position/Relation

## Applicant Essay

- Please submit a typed essay that outlines how and when you became a Christian, elements which have influenced your spiritual development, and your call to ministry and events which have confirmed that call. **This essay should be at least three (3) double-spaced pages in length and may be as long as necessary.**

## Spouse/Fiancée/Fiancé Essay

- Please submit a typed essay that describes how and when you became a Christian, your Christian service experiences, and your response to your spouse's decision to prepare for Christian ministry. Provide your *signature* and *date* at the end of the essay. **This essay should be approximately two to three (2-3) double-spaced pages in length.**



**Statement of Divorce** (if applicable)

- Required if a divorce is in the background of either you or your spouse/fiancée/fiancé. Please provide a brief chronology, including specific dates of marriage(s) and divorce(s), and a summary of the circumstances surrounding your divorce. **This essay should be approximately one to three (1-3) double-spaced pages in length.**

To the best of my knowledge and belief, all of the statements and answers in this application are *true, complete, and correctly stated*. I further understand that any misstatement or omission of material in my statements and answers in this application for admission may require additional clarification with the Admissions Office, or may be cause for denial of my acceptance or my subsequent dismissal from MBTS.

In making application to become a student of MBTS, I hereby pledge to conduct myself at all times as a Christian. Furthermore, I abide by all of the regulations of the faculty and administration, to seek in every way to protect the good name of the institution, to preserve and protect the physical properties of the seminary and to cooperate with the various groups of the seminary family in creating and maintaining a spirit of Christian fellowship. I understand that the MBTS doctrinal statement is the Baptist Faith and Message 2000, and acknowledge that document as a reasonable guide for my college education.

I accept full responsibility for and intend to pay all of my financial obligations, including my seminary expenses, in full. I also understand that failure to pay or make payment arrangements for my tuition or other related fees each semester may ultimately result in administrative suspension and eventual administrative withdrawal from classes.

I understand that if I am accepted as a student at MBTS, I will be required to attend New Student Orientation before the beginning of my first semester. I also understand that proper dress for orientation is tie and jacket for men and Sunday attire for women.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE**

\_\_\_\_\_  
Applicant's last name

**Church Endorsement Form**

Dear Pastor:

Applicants for admission to Midwestern Baptist Theological Seminary are required to provide evidence of current commitment and active membership in a local Christian church. We ask the applicant's church to affirm this by completing this candidate endorsement. *Part I* should be completed by an appropriate official (other than the applicant) or committee of the church. *Part II* of the endorsement should be read to the congregation or administrative board and approved by the congregation or board (per the local church's own constitution). Once completed, please return the document to the Office of Admissions at the address below.

We take your endorsement of the applicant very seriously. Thank you for your assistance in this matter.

Midwestern Baptist Theological Seminary  
 Admissions Office  
 5001 N. Oak Trafficway  
 Kansas City, MO 64118-4697

**Part I - Biographical Information**

Applicant's Name \_\_\_\_\_

**Is applicant a current member of your church?**       Yes       No

If no, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date applicant became a member of your congregation (month and year):** \_\_\_\_\_

Applicant became a member of your congregation by (check one):

- Profession of faith
- Transfer of membership from a Southern Baptist Church
- Transfer of membership from a non-Southern Baptist Church
- Other (please specify) \_\_\_\_\_

Does applicant reflect activity equal to that of the committed laity in your church?

In worship service attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In financial stewardship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In program involvement? (Bible study, missions, music, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List positions of leadership, volunteer or paid, which applicant has held in your church:

Position	Approximate Length of Service

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

Additional Comments:


## Part II – Statement of Endorsement

The following statement must be approved through the standards preset by your church's constitution. Approval options include a vote of the congregation, a vote by the church elders or deacon board, or completion by a member of the pastoral staff.

Having evidence that the applicant is an individual who:

- is committed to the Christian faith;
- evidences a divine call to ministry;
- has moral integrity;
- is emotionally stable and able to fill leadership responsibilities in church life;
- shows potential for responsible Christian ministry

We recommend the applicant for admission to Midwestern Baptist College and pledge our continuing interest and prayerful support.

Name of Church	Denomination of Church
Mailing Address	Moderator's Signature
City, State, Zip Code	Church Clerk's Signature
Church Phone Number	Date of Approval

**Pastor Recommendation Form**

**NOTE TO APPLICANT:** Complete the top section before giving it to your Pastor. If you have a relationship with your Pastor of less than one year, or if you are related to him, then a deacon or Sunday School teacher or former pastor may complete this form. If you are a Pastor, you may give it to your Director of Missions.

Submit this form to your pastor with a stamped envelope addressed to:

Midwestern Baptist Theological Seminary  
Admissions Office  
5001 North Oak Trafficway  
Kansas City, MO 64118-4697

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive	...all future rights to review the contents of this recommendation form.
---	--

Applicant's Signature \_\_\_\_\_

**Recommendation**

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Baptist Theological Seminary.

Recommender's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Describe the applicant's involvement in the local church or ministry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

Please evaluate the applicant.

	Poor	Below Average	Average	Above Average	Out-standing	No Obser- vation
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to empathize with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctrinal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital Health (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

- Yes
- No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you know of any personal habits which might hinder effective Christian ministry?

- Yes
- No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you recommend this person for admission and as a candidate for ministry?

<p><b>Yes</b></p> <p style="text-align: center;"> <input type="checkbox"/> with enthusiasm                  <input type="checkbox"/> with confidence                  <input type="checkbox"/> with reservations                  <input type="checkbox"/> with reluctance         </p>	<p><b>No</b></p> <p><input type="checkbox"/></p>
---	--

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Your Church Name: \_\_\_\_\_

**Recommendation Form**

**APPLICANT:** Complete the section below before giving it to your recommender. The recommender should **not** be a relative and should be someone you have known for at least one year. Submit the form to the recommender with a stamped envelope addressed to:

Midwestern Baptist Theological Seminary  
Admissions Office  
5001 North Oak Trafficway  
Kansas City, MO 64118-4697

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive	...all future rights to review the contents of this recommendation form.
---	--

Applicant's Signature \_\_\_\_\_

**Recommendation**

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Baptist Theological Seminary.

Recommender's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Describe the applicant's involvement in the local church or ministry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

Please evaluate the applicant.

	Poor	Below Average	Average	Above Average	Out- standing	No Obser- vation
<b>Christian commitment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Potential for effective ministry</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to work with others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to empathize with others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional stability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Character</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integrity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Doctrinal integrity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Persistence</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sound judgment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Marital Health (If Applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

- Yes
- No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you know of any personal habits which might hinder effective Christian ministry?

- Yes
- No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you recommend this person for admission and as a candidate for ministry?

<b>Yes</b> <input type="checkbox"/> with enthusiasm <input type="checkbox"/> with confidence <input type="checkbox"/> with reservations <input type="checkbox"/> with reluctance	<b>No</b> <input type="checkbox"/>
---	---------------------------------------

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_



**Recommendation Form**

**APPLICANT:** Complete the section below before giving it to your recommender. The recommender should **not** be a relative and should be someone you have known for at least one year. Submit the form to the recommender with a stamped envelope addressed to:

Midwestern Baptist Theological Seminary  
Admissions Office  
5001 North Oak Trafficway  
Kansas City, MO 64118-4697

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive	...all future rights to review the contents of this recommendation form.
---	--

Applicant's Signature \_\_\_\_\_

**Recommendation**

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Baptist Theological Seminary.

Recommender's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Describe the applicant's involvement in the local church or ministry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MIDWESTERN BAPTIST THEOLOGICAL SEMINARY & COLLEGE

Applicant's last name \_\_\_\_\_

Please evaluate the applicant.

	Poor	Below Average	Average	Above Average	Out-standing	No Observation
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to empathize with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctrinal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital Health (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

- Yes
- No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you know of any personal habits which might hinder effective Christian ministry?

- Yes
- No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you recommend this person for admission and as a candidate for ministry?

<p><b>Yes</b></p> <p style="text-align: center;"> <input type="checkbox"/> with enthusiasm                  <input type="checkbox"/> with confidence                  <input type="checkbox"/> with reservations                  <input type="checkbox"/> with reluctance         </p>	<p><b>No</b></p> <p><input type="checkbox"/></p>
---	--

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_