



# North American Division of Seventh-day Adventists

9705 Patuxent Woods Dr. Columbia, MD 21046 \*Office Number (443)-391-7201 \* treasury@nadadventist.org

## SEMINARY SPONSORSHIP/INTERNSHIP APPLICATION

Please **COMPLETE** this form (double-sided), secure the recommendation required from the college/university, and send this form to the local Conference President's Office.

### General Information

Full Name				Spouse Name			
Address							
Telephone Number				Cell Number			
Email Address				Date of Birth			
Citizenship				Nationality			
Marital Status	<input type="checkbox"/> Married	Date of Marriage		<input type="checkbox"/> Single	<input type="checkbox"/> Engaged		

### Educational Experience

Academy/High School – Name and Date Graduated							
College/University – Name(s)	Years Attended	Date Graduated	Program/Degree(s)				

### Work Experience

Positions Held	Place	Dates					

Denominational License/Credential	<input type="checkbox"/> Ministerial	<input type="checkbox"/> Credentialed	<input type="checkbox"/> Commissioned	<input type="checkbox"/> Missionary	<input type="checkbox"/> None
Relevant Church/Volunteer Services (i.e. local church office, volunteer)					

### Religious Experience

Life-long Seventh-day Adventist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Baptized	
Prior Religious Affiliation				

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## Applicant's Signature and Photograph

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

Kindly accompany application with a clear, small picture of yourself.

*Please note that signature includes authorization for the release of your college/university grades and/or transcripts.*

## College/University Faculty Recommendation

The faculty of \_\_\_\_\_ COLLEGE/UNIVERSITY recommend \_\_\_\_\_ to receive a **Seminary Scholarship** to attend the Seventh-day Adventist Seminary.

\_\_\_\_\_  
Signature of College/University President/Designee

\_\_\_\_\_  
Date (month/day/year)

☛ Please complete and forward original application to the local conference president or designee.

## Sponsoring Conference Approval

In harmony with the action of the \_\_\_\_\_ CONFERENCE Committee and in harmony with the **Seminary Scholarship Plan** as outlined in the North American Division Policy L 25, I make application in behalf of \_\_\_\_\_ to begin a **Seminary Scholarship** on \_\_\_\_\_

(Name of Applicant)

Date (month/day/year)

Date of Conference Committee Approval: \_\_\_\_\_ (month/day/year)

\_\_\_\_\_  
Signature of Conference Secretary/Designee

\_\_\_\_\_  
Date (month/day/year)

☛ Please complete and forward original application to the union president or designee.

## Union Conference Approval

Approved by action of the \_\_\_\_\_ UNION Conference Committee, on \_\_\_\_\_ (month/day/year)

Beginning date approved by Union: \_\_\_\_\_ (month/day/year)

\_\_\_\_\_  
Signature of Union President/Designee

\_\_\_\_\_  
Date (month/day/year)

☛ Please complete and forward original application to the MDiv. Director, Seventh-day Adventist Theological Seminary, Andrews University, Berrien Springs, MI 49104.

## Theological Seminary Acceptance

We certify that the Applicant \_\_\_\_\_ has been accepted as a student in the Seventh-day Adventist Theological Seminary of Andrews University for the purpose of completing the requirements of the Master of Divinity Degree, to begin on \_\_\_\_\_ (month/day/year).

Student ID #: \_\_\_\_\_

Program:  L 28/Seminary Sponsorship Plan (36 months) Anticipated Graduation Date: \_\_\_\_\_

L 30/Financial Assistance Self Sponsored MDiv. (12 months) Graduation Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of MDiv. Director

\_\_\_\_\_  
Date (month/day/year)

☛ Please complete and forward original application to the **Undertreasurer** of the North American Division of Seventh-day Adventists, **9705 Patuxent Woods Dr., Columbia, MD 21046**

## NADCOA Approval

Approved by the North American Division Committee on \_\_\_\_\_  
Date (mo/day/year) Signature of NAD **Undertreasurer**