



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.

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 28 /L 30, 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