



# Concordia Theological Seminary



## Application for Admission —Deaconess Program—

6600 N. Clinton Street  
Fort Wayne, IN 46825

(800) 481-2155  
Fax: (260) 452-2227

[www.ctsfw.edu](http://www.ctsfw.edu)

# PROGRAM OF STUDY

Date of intended enrollment:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Please check one of the following programs leading to Deaconess Certification:

- Master of Arts in Deaconess Studies (check one):  Residential  Distance  
 Master of Arts leading to Deaconess Certification (Residential Only)

Please type, or print in ink, all information. The form must be completed in every detail. Answer "n/a" for all items that do not apply to you. A non-refundable Application Fee is to accompany this form. Please see details on page 7.

Please note, a \$250 non-refundable tuition deposit is required within 30 days of acceptance of your application.

**"It is the policy of Concordia Theological Seminary: (1) not to exclude, expel, limit or otherwise discriminate against an individual seeking admission as a student in the terms, conditions and privileges of Concordia Theological Seminary because of race, color, national or ethnic origin; and (2) not to exclude from, or otherwise discriminate against, in admission or access to its programs and activities, on the basis of disability, age or sex, any person who meets the academic and technical standards requisite to admission and participation in its educational programs and activities. Concerns about discrimination on the basis of age, sex or disability should be addressed to the Registrar."**

For complete text of the Non-Discrimination Policy Statement, see the current catalog ([www.ctsfw.edu/AcademicCatalog](http://www.ctsfw.edu/AcademicCatalog)). The policy of The Lutheran Church—Missouri Synod (LCMS) and its seminaries limits programs leading to deaconess certification to women only.

## SECTION 1

Name \_\_\_\_\_  
First (Full) Middle (Full) Last Maiden

Permanent Address \_\_\_\_\_  
Street, Route, Box #

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

Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Citizenship \_\_\_\_\_

If citizenship is other than the U.S.A., indicate your status:  Immigrant/Permanent Resident  Student Visa (F-1)  Other \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Former Name(s) and Dates Used: \_\_\_\_\_

Previous Address from: \_\_\_\_\_  
Mo/Yr Street City State Zip

## SECTION 2

Home Congregation \_\_\_\_\_

Address \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ LCMS District \_\_\_\_\_

Year of Baptism \_\_\_\_\_ Year of Confirmation \_\_\_\_\_

Years an LCMS Member \_\_\_\_\_

If not currently LCMS, in what body do you hold membership? \_\_\_\_\_

Years as member of present church body \_\_\_\_\_ Previous denominational affiliation, if any \_\_\_\_\_

## SECTION 3

List below the information requested for all the colleges you have attended and, if you are a student, the one in which you are presently enrolled.

College/University	Location	Dates of Attendance	Degree Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: If you are a current student, send your unofficial transcripts by mail or by email (Admission@ctsfw.edu).

Official transcripts from all colleges attended must be furnished before the application can be completed. OFFICIAL transcripts are transcripts that bear the seal of the sending institution, are sent directly from that institution to the seminary and do not come into contact with a third party.

Cumulative G.P.A. for your undergraduate studies: \_\_\_\_\_

## SECTION 4

**MARITAL STATUS:**    Single    Engaged    Married    Widowed    Divorced

**SPOUSE/FIANCÉ:** Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

Is your spouse/fiancé an LCMS Lutheran or in Adult Education to become a member?    Yes    No

If you have been married previously:

Marriage terminated by:    Death    Divorce   \* Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

If your spouse has been married previously:

Marriage terminated by:    Death    Divorce   \*\* Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

\* If you have been divorced, please either request a copy of the “Divorced Applicant Admission Policy” from the Admission Office or download it at [www.ctsfw.edu/DivorcedApplicantPolicy](http://www.ctsfw.edu/DivorcedApplicantPolicy). The procedures outlined there must be completed before your application can be considered.

\*\* Please include a complete summary of your spouse’s/fiancé’s divorce with this application.

**CHILDREN:**

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SECTION 5

Please answer the following questions. Use a separate sheet of paper to explain in DETAIL any "YES" responses.

- A. Have you ever been charged with a felony? Yes  No
- B. Have you ever been charged with sexual misconduct? Yes  No
- C. Have you ever engaged in homosexual acts? Yes  No
- D. Have you had sexual relations outside of marriage? Yes  No
- E. Have you ever been denied admission to, expelled from or asked to leave any college, university or seminary? Yes  No
- F. Are there any doctrinal positions of the LCMS with which you now know yourself to be in disagreement? Yes  No
- G. Have you ever declared bankruptcy? Yes  No
- H. What is your current indebtedness? (Please list below)

Student loans: \_\_\_\_\_ Consumer debt: \_\_\_\_\_

If married, include spouse's debt: \_\_\_\_\_

If the combined debt of you and your husband exceeds \$30,000, please fill out the "Financial Plan" form found at [admission.ctsfw.edu/?dest=apply](http://admission.ctsfw.edu/?dest=apply).

- I. Is there any other information the Admission Committee should know which may be relevant to your admission to Concordia Theological Seminary? Yes  No

## SECTION 6

On a separate sheet of paper, please answer the following questions as completely and concisely as possible:

- A. What does the Gospel mean to you?
- B. How does the Holy Spirit work in your life?
- C. In what ways have you experienced God's mercy in your life?
- D. What interests you in preparing to become a deaconess through study at CTS?
- E. What specific strengths and weaknesses are you aware of that relate to serving as a deaconess?

## SECTION 7

Please provide an autobiographical statement 3-5 pages in length. Include the following information:

- Family (of origin and current)
- Education
- Events and people instrumental in your decision to become a deaconess
- Church and faith life
- Work and volunteer experiences

## SECTION 8

*Residential applicants do not need to complete this section.*

Please respond to the following comments and questions on a separate sheet of paper if you are applying for the Distance Learning Program. If you are not sure if you qualify, please review the information "Is Online Learning for You?"

1. Since the Distance Learning Program will require unique self-discipline and motivation, how do you intend on managing it academically and balancing all your other vocations?
2. Statistics indicate that graduate level courses require approximately 15-20 hours per course per week for optimal success. Further, this particular program requires a part-time residential component.
  - a. Are your family, friends, employers and congregation aware of these expectations and willing to support your academic and vocational endeavors? In particular, have you discussed this with your spouse, your boss and your pastor\*? Are they supportive of you undertaking this Master's Program? Please elaborate.
  - b. How do you view the supervisor/mentor role manifesting itself to your benefit during the program?
3. What concerns, if any, do you have regarding the Distance Learning Program? How do you see yourself being able to address these concerns?

\* In addition to providing a Letter of Reference, the applicant's pastor must interview via phone or in person with the Director of Deaconess Studies prior to the applicant's acceptance and admission. This interview will focus on the suitability of the applicant for online learning and on her work experience to date to ensure that it is appropriate to warrant credit for internship.

## SECTION 9

List the positions in which you have been employed in the last 10 years, beginning with the most recent. Please account for all periods of time. Note: On a separate page, describe both Christian and secular jobs you have held in the last 10 years.

	Employer Name/City/State	Inclusive Dates	Position
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____
6.	_____	_____	_____
	_____	_____	_____

# SECTION 10

Please arrange for three letters of reference to be sent to Concordia Theological Seminary. These should be from your pastor, a professional or academic if you are a student and a personal reference. Please provide their name and contact information below.

The following decree appears on each of the sheets that you will be giving to those from whom you request a reference. Please complete the following paragraph and the one printed on each form that you are giving to those who are composing a letter of reference for you.

Miss/Mrs. \_\_\_\_\_ has made application to enter a program of study for deaconess service at Concordia Theological Seminary, Fort Wayne, Ind. She has given your name as a reference. Signature of the applicant in this space indicates that she has waived the right of access to the information provided on the completed form in accordance with the Federal Family Educational Rights and Privacy Act of 1974. If no signature appears, it is assumed that she retains the right of access.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Completion of this form will serve as a substitute should the Reference Request form not be returned with the letter.

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NAME OF APPLICANT \_\_\_\_\_

Enter the names and other information for your three references in the spaces provided below. Please send the enclosed reference letter request to each referee. In order that these references may be as objective as possible, a "Student Right to Inspect and Review Admission Recommendations" is included at the top of each recommendation request. We reserve the right to exclude from consideration any recommendation that does not include the signed waiver. **All reference letters should be returned directly to the Admission Office.**

## PASTOR

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

## PROFESSIONAL OR ACADEMIC \*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

*\* Current and recent (within 2 years) college students need the name of an instructor. All other applicants will list another personal reference.*

## PERSONAL REFERENCE

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

## PERSONAL REFERENCE

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

## APPLICATION FEE AND PHOTO

Please include your check made out to Concordia Theological Seminary—Admission for \$42 (\$35 non-refundable Application Fee and \$7 Background Check Authorization Fee). Call Admission Department for additional payment options.

Please send a digital picture of yourself (and family) to [Admission@ctsfw.edu](mailto:Admission@ctsfw.edu).

## BACKGROUND CHECK AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Concordia Theological Seminary** and its designated agents and representatives to conduct a comprehensive review of my background.

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; verification of social security number; current and previous residences; employment history; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records. I agree that this application and all related materials are the property of **Concordia Theological Seminary**, and I waive the right to inspect this material if I am denied admission to the program.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to **Concordia Theological Seminary** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources.

**Concordia Theological Seminary** will not provide access to information and material contained in an applicant's file to the applicant or to anyone other than officials of **Concordia Theological Seminary—Fort Wayne, Indiana**, or **Concordia Seminary—St. Louis, Missouri**. Once an applicant is admitted and attends courses at **Concordia Theological Seminary** to earn credit in the program in which she originally made application, she is entitled to all the rights and privileges to inspect and review her education records granted her in the Family Educational Rights and Privacy Act (FERPA).

I also authorize the Registrar's Office of **Concordia Theological Seminary** to release, as it deems appropriate, my quarterly grade reports and/or cumulative GPA during the time I am a student at **Concordia Theological Seminary** to synodical districts, 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 hereby release **Concordia Theological Seminary**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Application Revised—January 2014*

