



**THE ASSOCIATION OF CHICAGO THEOLOGICAL SCHOOLS
DOCTOR OF MINISTRY IN PREACHING PROGRAM
APPLICATION FOR ADMISSION**

Please check the school to which you are applying:

- _____ **Bexley Seabury** (Episcopal Church/Anglican)
- _____ **Chicago Theological Seminary** (United Church of Christ)
- _____ **Garrett-Evangelical Theological Seminary** (United Methodist Church)
- _____ **Lutheran School of Theology at Chicago** (Evangelical Lutheran Church in America)
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- _____ **McCormick Theological Seminary** (Presbyterian Church/USA)
- _____ **North Park Theological Seminary** (Evangelical Covenant Church)

PERSONAL INFORMATION

1. Full Name _____
2. Home Street Address _____
City, State, Zip _____ Phone _____
3. Email _____ Fax _____
4. Date of Birth _____ Place of Birth _____
5. Social Security Number _____ Citizenship _____
6. Denomination _____ Date of Ordination _____
7. Church /Ministry Name _____
Church Street Address _____
City, State, Zip _____ Church Phone _____
8. At which address do you prefer to receive mail? Home _____ Church _____
9. Experience and Education: **Please attach a current resume.**

Please arrange to have transcripts from all the colleges/universities and seminaries you attended sent to the school to which you are applying. Original transcripts are required.

Are your seminary grades an accurate indication of your academic abilities and performance in ministry? If not, please explain briefly.

9. Briefly describe the congregation you serve. If you are not a parish pastor, please describe your context of ministry.

10. This program is centered on the practice of preaching. Students must be able to preach at least once a month. If you are an associate pastor or your context of ministry is not a local church, please indicate how you will arrange your preaching schedule to meet this requirement.

11. Please indicate how you learned about the ACTS Doctor of Ministry in Preaching Program and why the program appeals to you.

_____ Seminary Publications

_____ Brochure

_____ Advertisement (if so, note where)

_____ Other (please specify)

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12. Briefly explain what financial resources will be available to you to pay for the program.

Please note: Payment and financial aid policies vary from school to school. Check with your

school if you have questions.

13. Have you ever been convicted of a crime? _____ If yes, please provide relevant details.

14. Please prepare a Personal Statement based on the instructions provided below.
15. Please provide the statement that represents a Preaching Assessment and Congregational Support as described below.
16. Please provide the name of one reference from a senior colleague in ministry or denominational leader, who is familiar with your ministry and especially your preaching. Please include a copy of the reference form and ensure that the person who is giving the reference receives a copy of the form with the instructions, provided below.

In connection with evaluating my application for admission, I understand that the seminary to which I apply may perform a criminal background check to verify my social security number, and determine if I have a criminal history. By signing this application, I freely and voluntarily authorize the seminary to which I am applying and/or its agents to perform a criminal background check.

By signing this application, I acknowledge that I have read and understand the above statements.

I declare that, to the best of my knowledge, the information reported on this form is correct and complete.

Signature of the Applicant

Date

ALL DOCUMENTS SUBMITTED FOR APPLICATION BECOME THE PROPERTY OF THE SEMINARY TO WHICH THEY ARE SUBMITTED AND ARE NOT TRANSFERRABLE TO A THIRD (OUTSIDE) PARTY UNLESS PERMISSION IS RECEIVED FROM THE APPLICANT.

Submitting Your Application

Along with the application form, all of the following documents and the application fee must be received before an application is considered.

1. Transcripts: College, university and seminary transcripts should be sent directly to NUVE0''''''''
40''Uend the following with the application form to NUVE:

- a. **Personal Statement**
- b. **Preaching Assessment and Congregational Support**
- c. **Reference form**
- d. **Sealed Reference**
- g. **\$50 Non-refundable Application Fee payable to the Nwj gt cp'Uej qqrlqlh'Vj gqmqi { 0**

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**Mail check to: Finance Office /Lutheran School of Theology at Chicago
1100 E 55th Street / Chicago, IL 60615**

Email Application to: Admissions Office - admissions@lstc.edu



ACTS Doctor of Ministry in Preaching Program

PERSONAL STATEMENT

In an effort to gain an awareness of your journey as a preacher, please respond briefly to the questions below. **Please focus your thoughts in a statement of no less than four but no more than seven, typed double-spaced pages.**

MY JOURNEY AS A PREACHER

1. Who are you as a preacher? What particular experiences, concerns, and personal characteristics do you bring to the pulpit that identify you as a distinctive, even unique preacher of the Gospel? Who have been your models (both positive and negative) for preaching?
2. Where do you preach? Say something about the preaching expectations of the denomination, the community, the ministry context, and the social setting in which you preach.
3. How do you preach? Describe the way you prepare to preach, the general focus/direction, and the normal style of your preaching.
4. Why do you preach? In your own words, articulate in no more than a paragraph or two, your “theology” of preaching.
5. What is a “growing edge” in your preaching as it relates to your overall ministry? What is one specific way in which you feel that God may be calling you to develop new skills, sensitivities, or strategies in your preaching, particularly as it relates to the development of your ministry?
6. What particular hopes and expectations do you have regarding your participation in the ACTS Doctor of Ministry in Preaching program?



ACTS Doctor of Ministry in Preaching Program

PREACHING ASSESSMENT AND CONGREGATIONAL SUPPORT

(Please copy for all participating in the assessment)

Instructions: The Preaching Assessment is part of the admission process for the Association of Chicago Theological Schools' Doctor of Ministry in Preaching Program. This assessment is to be completed by a group of **four to five members of the ministry context** who are familiar with the applicant's preaching and should include context leadership/supervisor persons. **Gather as a group with the applicant for the assessment process.** Please respond to the questions as a group. Useful insights into the particular gifts and needs of the preacher are more readily identified through collaborative assessment. In addition the group has the responsibility to indicate the type of support, both financial and otherwise, the applicant will receive from the congregation/ministry context.

Purpose: The purpose of the program is to help pastors or ministry leaders grow their ministries by becoming more effective preachers. The successful candidate in the program must have a desire to explore and expand their preaching skills. This assessment process seeks candid appraisal and analysis of the applicant's preaching to assess his or her strengths as well as to suggest areas for expansion. Should the applicant be admitted to the program, your assessment will assist him or her in developing learning goals.

Contents: This assessment will also indicate the level of support provided by the ministry, both financial and otherwise, for the applicant's participation in this program. It is the expectation of this program that members of the ministry work closely with and support the applicant's work in the program. For pastors that are admitted to the program, it is important that members of the congregation be aware that your pastor will attend a three-week summer residency in Chicago for three consecutive years. Significant reading, writing, and studying are required to successfully complete the program. It is expected that the members of the ministry will relieve the pastor of some duties in order to make time for program work. The program also involves the creation of a support group within the ministry context to engage and reflect on both the preaching and the program work. It is important that all persons in the ministry context respect and support the work of this reflection group. Finally, it is important that this group also recognizes the financial requirements of the program and commits to such support as appropriate.

Thank you for your willingness to assist the applicant in this important step.



ACTS Doctor of Ministry in Preaching Program

PREACHING ASSESSMENT AND CONGREGATIONAL SUPPORT (cont.)

Guidelines for Preaching Assessment Meeting

Please designate one member of the group to lead the discussion and another member to record the discussion. The applicant should not serve in either of these roles. Please type your responses to the questions and **include the names of those who participated in the discussion.**

Please discuss and provide written answers to the following questions:

1. What strengths as a preacher do you identify in this person?
2. Recognizing that an effective preacher takes the specific ministry context very seriously, what areas of growth would you identify for the congregation/ministry context that would be impacted by enhanced preaching skills?
3. Indicate ways the congregation or ministry leaders will support the applicant in his or her growth through this program. (Suggestions for support include, but are not limited to, taking interest in what the applicant is learning, keeping him/her in prayer, shifting some responsibilities to other members or staff, helping to ensure that adequate time is provided to complete assignments, supplying financial assistance.)

Please return this assessment ***directly*** to the applicant. This assessment must be submitted with the full application.

Signatures of the participants:

_____	_____
_____	_____
_____	_____

Date of the meeting: _____



ACTS Doctor of Ministry in Preaching Program

Reference Form

Name of Applicant: _____

I am applying for admission to the ACTS Doctor of Ministry Preaching program through

(Name of Seminary) Year: _____

(Seminary Address)

Reference Information:

Name: _____

Title/ Position: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: (____) _____

Check One: ☐ I hereby waive my right of access to this reference.

☐ I do not waive my right of access to this reference.

In either case, I understand that this form will be used only for admission purposes and will not become a part of my permanent file should I enroll at my selected seminary.

Signature: _____ Date: _____

Reference Instructions:

Your letter of reference should include the following information:

1. Length of time you have known the applicant and how well you know him or her
2. Character and emotional stability
3. Academic or ministry performance particularly as related to preaching
4. Particular strengths and weaknesses that might be applicable to the proposed level of study
5. Signature (Please include your title, position, and institution or denominational affiliation.)

You may return the completed reference directly to the applicant in a sealed envelope with your signature across the lip for inclusion with the application, or send it directly to the seminary by email. A typed name on the email serves as your written signature.