

# JACKSONVILLE THEOLOGICAL SEMINARY

2121 Corporate Square Blvd. Suite 175-A.

Jacksonville, FL 32216

(904)786-5383 Fax (904) 695-9742

*Listen-Read-Be Educated-Be Equipped*

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**NAME OF FACILITATOR (NOT the Ministry)**

## **APPLICATION FOR ADMISSION**

I hereby request application to Jacksonville Theological Seminary (JTS); whereby, I may “study to show myself approved to God, a workman that need not be ashamed.” I submit myself to the Lordship of Jesus Christ, my Lord, and my Savior. I submit this application to Jacksonville Theological Seminary in the witness of God and in obedience to His call upon my life. I hereby declare I will fulfill His “calling” upon my life, complete all studies as directed by the Lord and representatives of JTS and enter the harvest fields as a laborer for the GOSPEL MINISTRY of Jesus Christ.

**STUDENT ID #** \_\_\_\_\_ (School Use Only)

## **PLEASE PRINT LEGIBLY**

DATE OF APPLICATION: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE NUMBER:(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

(List all other last names used)

NAME OF APPLICANT: \_\_\_\_\_ (Dr., Pastor, Rev.  
Mr., Mrs., Ms.) \_\_\_\_\_  
(Last) (First) (MI)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*Your acceptance package will be emailed to you.*

- Please check this box if you would like to have access to the online program
- Please check this box if you would like to order a Student ID Card (\$25.00)
- Please check if you would like to receive e-books when available for the courses that require textbooks.

PLEASE ENCLOSE GOVERNMENT IDENTIFICATION (Driver’s License/State ID Card)  
And RECENT PHOTO WITH A \$50.00 APPLICATION FEE (\$75.00 if requesting Student ID Card)

**PLEASE SELECT TYPE OF GRADUATE DEGREE  
AND AREA OF STUDY DESIRED**

All Degrees require a Thesis (Master's) unless otherwise stated.

**MASTER'S DEGREE:**

**Requires: A Bachelor's Degree and Minimum of 30 Hours of Master Level Work**

- \_\_\_\_\_ Master of Biblical Studies—M.BS
- \_\_\_\_\_ Master of Evangelism—M.EV
- \_\_\_\_\_ Master of Ministry—M.Min.
- \_\_\_\_\_ Master of Worship Leadership—M.WL
- \_\_\_\_\_ Master of Ministry in Christian Business—M.Min. in CB
- \_\_\_\_\_ Master of Ministry in Christian Counseling—M.Min. in CC
- \_\_\_\_\_ Master of Ministry in Christian Education—M.Min. in CE
- \_\_\_\_\_ Master of Ministry in Religious Education—M.Min. in RE
- \_\_\_\_\_ Master of Divinity —M.Div. (Thesis Required)
- \_\_\_\_\_ Master of Theology—Th.M. (Thesis Required)
- \_\_\_\_\_ Master of Arts in Biblical Studies—M.A. in BS (Thesis Required)
- \_\_\_\_\_ Master of Arts in Evangelism—M.A. in EV (Thesis Required)
- \_\_\_\_\_ Master of Arts in Ministry—M.A. in Min. (Thesis Required)
- \_\_\_\_\_ Master of Arts in Christian Business—M.A. in CB (Thesis Required)
- \_\_\_\_\_ Master of Arts in Christian Counseling—M.A. in CC (Thesis Required)
- \_\_\_\_\_ Master of Arts in Christian Education—M.A. in CE (Thesis Required)
- \_\_\_\_\_ Master of Arts in Religious Education—M.A. in RE (Thesis Required)
- \_\_\_\_\_ Master of Arts in Worship Leadership—M.A. in WL (Thesis Required)

**PLEASE SELECT TYPE OF GRADUATE DEGREE  
AND AREA OF STUDY DESIRED**

All Degrees require a Dissertation (Doctorate) unless otherwise stated.

**DOCTORATE:**

**Requires: A Bachelor's and Master's Degree and Minimum 30 Hours of Doctoral Work**

- \_\_\_\_\_ Doctor of Biblical Crisis Counseling—D.BCC
- \_\_\_\_\_ Doctor of Biblical Studies—D.BS
- \_\_\_\_\_ Doctor of Evangelism—D.EV
- \_\_\_\_\_ Doctor of Ministry—D.Min.
- \_\_\_\_\_ Doctor of Worship Leadership—D.WL
- \_\_\_\_\_ Doctor of Ministry in Christian Business—D.Min. in CB
- \_\_\_\_\_ Doctor of Ministry in Christian Counseling—D.Min. in CC
- \_\_\_\_\_ Doctor of Ministry in Christian Education—D.Min. in CE
- \_\_\_\_\_ Doctor of Ministry in Religious Education—D.Min. in RE
- \_\_\_\_\_ Doctor of Divinity —D.D. (Dissertation Required)
- \_\_\_\_\_ Doctor of Theology—Th.D (Dissertation Required)
- \_\_\_\_\_ Doctor of Christian Education—D.CE (Dissertation Required)
- \_\_\_\_\_ Doctor of Religious Education—D.RE (Dissertation Required)
- \_\_\_\_\_ Doctor of Christian Counseling—D.CC (Dissertation Required)
- \_\_\_\_\_ Doctor of Christian Business—D.CB (Dissertation Required)

**DOCTOR OF PHILOSOPHY**

**Requires: A Bachelor's and Master's Degree and Minimum 60 Hours of Doctoral Work**

- \_\_\_\_\_ Doctor of Philosophy in Christian Business—Ph.D. in CB
- \_\_\_\_\_ Doctor of Philosophy in Christian Counseling—Ph.D. in CC
- \_\_\_\_\_ Doctor of Philosophy in Christian Education—Ph.D. in CE
- \_\_\_\_\_ Doctor of Philosophy in Divinity—Ph.D. in Div.
- \_\_\_\_\_ Doctor of Philosophy in Evangelism—Ph.D. in EV.
- \_\_\_\_\_ Doctor of Philosophy in Ministry—Ph.D. in Min.
- \_\_\_\_\_ Doctor of Philosophy in Religious Education—Ph.D. in RE
- \_\_\_\_\_ Doctor of Philosophy in Theology—Ph.D. in Th.

**CLINICAL CHRISTIAN COUNSELING PROGRAM**

- \_\_\_\_\_ Doctor of Clinical Christian Counseling
- \_\_\_\_\_ Doctor of Philosophy in Clinical Christian Counseling

## VOCATION & WORK HISTORY

*Please list your vocational and working history beginning with your most recent first, then back in years.*

**EMPLOYER'S NAME:** \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

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

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: \_\_\_\_\_

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

**EMPLOYER'S NAME:** \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

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

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: \_\_\_\_\_

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

**EMPLOYER'S NAME:** \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

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

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: \_\_\_\_\_

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

**EMPLOYER'S NAME:** \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

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

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: \_\_\_\_\_

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

**EDUCATION HISTORY:**

Please list your educational history, starting with the high school attended, then any vocational, college, university, Bible College, or Seminary studies completed. **If you have not completed a degree from any of the schools listed, please list the number of credit hours that you have completed from each school. Please do not list any educational history that you are unable to provide OFFICIAL DOCUMENTATION FOR.**

NAME OF SCHOOL CITY AND STATE	YEARS ATTENDED	DEGREE/DIPLOMA CREDITS EARNED <small>(Diploma, GED, AA, BA, MA, PhD, Th. D, etc.)</small>	AREA OF STUDY

**MILITARY HISTORY:**

BRANCH OF SERVICE: \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_ TOTAL YEARS SERVED: \_\_\_\_\_

COMMISSION UPON DISCHARGE: \_\_\_\_\_ STATUS OF DISCHARGE: \_\_\_\_\_

POSITION and DUTIES: \_\_\_\_\_

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

**CHURCH HISTORY:**

Please complete the following information listed below regarding your relationship with Jesus Christ, the local church you attend, any positions or responsibilities you may be involved with to support your church (Pastor, Praise and Worship, Teacher, Nursery, Helps, etc.), and any other ministries you may support or be involved with; i.e. missions, evangelism, food banks, etc. Please continue using additional paper if necessary.

DATE YOU RECEIVED JESUS CHRIST AS YOUR LORD AND SAVIOR. \_\_\_\_\_

HAVE YOU BEEN WATER BAPTIZED? \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF CHURCH YOU PRESENTLY ATTEND: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

YEARS IN ATTENDANCE: \_\_\_\_\_ POSITION or RESPONSIBILITIES: \_\_\_\_\_

NAME OF CHURCH or MINISTRY YOU HAVE ASSISTED AS A LABORER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

YEARS OF LABOR: \_\_\_\_\_ POSITION or RESPONSIBILITIES: \_\_\_\_\_

NAME OF CHURCH or MINISTRY YOU HAVE ASSISTED AS A LABORER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

YEARS OF LABOR: \_\_\_\_\_ POSITION or RESPONSIBILITIES: \_\_\_\_\_

*I hereby state that all the information listed on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to Jacksonville Theological Seminary to verify all the information listed above. I further agree to and understand that any and all "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours based upon this application are granted at the discretion of Jacksonville Theological Seminary. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all Seminary Policies and Financial Commitments in pursuit of academic excellence in the Word of God. Amen.*

*I hereby further understand that all the courses and degrees of Jacksonville Theological Seminary are of an ecclesiastical nature and, whether granted or conferred, are in the restricted area of religion with the special purpose of preparing persons to work in the area of religion - whether Educational, Ministerial, or Counseling - and are **NOT** designed to be used in general academic circles.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

***JACKSONVILLE THEOLOGICAL SEMINARY***  
**REQUEST FOR PREVIOUS SCHOOL RECORDS**

**PLEASE SEND AN OFFICIAL TRANSCRIPT OF MY RECORDS TO:**

***JACKSONVILLE THEOLOGICAL SEMINARY***

**2121 Corporate Square Blvd. Suite 175-A.  
Jacksonville, FL 32216**

**THIS RECORD IS REQUIRED BY JACKSONVILLE THEOLOGICAL  
SEMINARY TO COMPLETE MY ADMISSIONS FILE.**

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LAST NAME                      FIRST                      MIDDLE                      MAIDEN                      OTHER LAST NAME

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BIRTH DATE                      SOCIAL SECURITY NUMBER                      DATES ATTENDED OR GRADUATION DATE

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CURRENT STREET ADDRESS                      TELEPHONE NUMBER

---

CITY                      STATE                      ZIP CODE

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NAME OF HIGH SCHOOL/COLLEGE/SEMINARY ATTENDED OR GRADUATED FROM

---

ADDRESS: (STREET OR POST OFFICE BOX)                      CITY                      ZIP CODE

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STUDENT SIGNATURE

**NOTE: FAILURE TO SUBMIT PROOF OF HIGH SCHOOL/COLLEGE/ SEMINARY  
TRANSCRIPTS WILL BLOCK FUTURE REGISTRATION.**

**This Form Is to Be Mailed To Your Former Schools:**  
MAKE COPIES AS NEEDED FOR ALL INSTITUTIONS



# ***JACKSONVILLE THEOLOGICAL SEMINARY***

## **Credit Card Payment**

**Student's Printed Name:** \_\_\_\_\_

**Card Holder's Printed Name:** \_\_\_\_\_

**Credit Card Type:** Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Other \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Total Charge Amount:** \_\_\_\_\_

**Date of Charge:** \_\_\_\_\_

**Billing Address Zip Code:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_