



The Institute for Biblical Leadership

Formation Therapy

Registration Packet



PASTORAL RECOMMENDATION

TO THE APPLICANT: Each applicant is required to submit one pastoral recommendation. Please fill in this information below.

By signing below, I hereby waive my right to inspect this confidential recommendation which is part of my admission file.

Name of Applicant _____
(First) (Middle) (Last)

Address _____ City _____ State _____

Signature _____ Date _____

This applicant has applied for admission to **Dominion Seminary of Theology**.

In order that we may better understand the particular qualifications, abilities, and character of the applicant, we are asking you to supply the information called for below.

Please mail to: **D.S.T. Admissions Office**
1228 Grape St.
Abilene, TX 79601

1. How long have you known the applicant? _____ How well? _____

2. In what capacity have you known the applicant? _____

3. Describe the applicant by checking the following points:

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperative	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Health, Vigor	_____	_____	_____	_____	_____
Tact	_____	_____	_____	_____	_____
Emotionally Stable	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Participation	_____	_____	_____	_____	_____
Social ability	_____	_____	_____	_____	_____
Response to Authority	_____	_____	_____	_____	_____
Seriousness of Purpose	_____	_____	_____	_____	_____

OVER PLEASE

4. Type of home and family background:

5. Do you consider the applicant able to do college level work successfully? Yes ___ No ___

6. What do you consider the applicant's strengths? _____

7. Weaknesses? _____

8. To your knowledge are there any unresolved problem areas, or is he/she ready to pursue the Ministry? _____

9. Is there anything in this applicant's past that may hinder him/her from making a firm commitment to our demanding schedule? (Please bear in mind that we are not a rehabilitation center for troubled individuals, but rather an intensive school for ministry preparation.) _____

PLEASE CHECK ONE:

I recommend ___ I recommend with reservation ___ I do not recommend ___

Please Comment: _____

Please Print:

Name of Church _____

Pastor's Name _____

Pastoral Position _____

Church Address _____

Phone Number (_____) _____

Pastor's Signature _____



DOMINION SEMINARY OF THEOLOGY

ADMISSIONS FORM

Name _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell Phone () _____

Fax () _____ E-Mail _____

D.O.B. _____ Sex: M _____ F _____

Marital Status: Married _____ Single _____ Divorced _____

Do you have any addictions? Alcohol _____ Smoking _____ Drugs _____
Eating Disorder _____ Other _____

Did you complete High School? Yes _____ No _____

Did you acquire a G.E.D.? Yes _____ No _____

Do you have any college credits? Yes _____ No _____

If so, what college and where? _____

How many college credit hours did you successfully complete? _____

Please give the name, address and phone number of one parent or guardian closest to you.

OVER PLEASE

Do, you have a criminal record? Yes ____ No ____

If so, please briefly describe the offense and the consequences. _____

I, the undersigned do hereby testify that I have completed this form accurately and completely to the best of my knowledge and understanding. I understand that if I have willfully neglected to answer pertinent information or falsified information, I forfeit my right to attend I.B.L. and forfeit my non-refundable deposit.

Signature _____ Date _____

Please return this and all other forms to:

D.S.T Admissions Office
1228 Grape St.
Abilene, TX 79601



SPIRITUAL PORTFOLIO FORM

Name of Applicant _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please give a detailed description of your New Birth experience. _____

What was the date of your conversion experience? _____

What was the location of your conversion experience? _____

Have you been filled with the Holy Spirit? Yes _____ No _____

Where: _____

When: _____

Did any of the nine gifts of the Holy Spirit manifest in your life after this experience?

Yes _____ No _____

To what area of ministry do you feel called? _____

Why do you feel lead in this direction? _____

Are you married? Yes _____ No _____

Is your spouse Born Again? Yes _____ No _____

OVER PLEASE

How does your spouse feel about you entering church leadership? _____

Do you believe your spouse will cooperate with you in church leadership? Yes ____ No ____

In detail, please describe the vision for your call to ministry. _____

Why do you feel that this school is right for you? _____



MEDICAL HISTORY FORM

Name of Applicant _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Phone () _____

Please give a detailed description and dates of any and all medical history. Please include any emotional or psychological treatment. _____

Do you at this time suffer from any illness? Yes ____ No ____

If so, please describe in detail. _____

Are you under a doctors care at this time? Yes ____ No ____

If so, for what purpose? _____

Are you taking any prescribed drugs at this time? Yes ____ No ____

If so, please state what drugs, and their purpose. _____

If you need more room to answer any of these questions, feel free to continue on the back of this form.