

FACULTY OF Theology

Application for Master of Divinity Degree

Reference Forms

Financial Aid Application



Huron
THEOLOGY



Application for Theology Degree Programs

Program Desired:

- Master of Divinity Master of Theological Studies
 Bachelor of Theology – apply at www.ouac.on.ca
 Master of Arts (Theology) – apply at www.uwo.ca/grad

I plan to attend:

- Full-time studies Part-time studies

Personal Info:

Surname: _____ Given Names: _____

Former Surname: _____ U.W.O. Student Number: (if applicable): _____

Date of birth: _____ Male Female Another

Mailing address: _____
Street or P.O. Box

City, Province, Postal Code, Country

Permanent address:

Street or P.O. Box

City, Province, Postal Code, Country

Telephone: _____ E-mail: _____

Citizenship: Canadian or Permanent Resident Other: _____

First Language: English French Other: _____

Social Insurance Number: _____

Are you applying to other theology schools? ^{Optional} _____

Post-Secondary Institutions attended or being attended:

Institution	Dates	Degree/Program	Graduation Date

Is your academic transcript a fair reflection of your scholastic ability? yes no

If No, please explain why not: _____

Employment held:

Employer	Position	Dates
_____	_____	_____
_____	_____	_____

For M.Div. applicants only:

Denomination: _____ If Anglican, Diocese of _____

Are you a candidate, or in the candidacy process, for ordered ministry? yes no

If Yes, what is your current status in this candidacy process? _____

Name of your current congregation: _____

List any of your significant leadership roles or activities in the church: _____

Financial Aid

Will you apply for financial aid/bursary assistance from Huron? yes no
(a financial aid form is enclosed, should you wish to apply)

Completion of Documentation:

Original post-secondary transcript(s) for your university degrees has/have been requested to be forwarded to the Faculty of Theology, Huron University College

Master of Divinity Applications only:
Your 400-word "Autobiographic-Religious Statement," describing your reasons for entering the M.Div. program, your vocational plans, and the formative influences in your life, is attached

Master of Divinity Applications only:
Reference forms have been sent to the following for completion and return to Huron College:

• Minister/Priest Name: _____

Church: _____

• University/Academic Instructor Name: _____

School: _____

• Employer or Lay Person Name: _____

Telephone: _____

Signature: _____ Date: _____

Reference Form from Minister/Priest/Pastor

CONFIDENTIAL

Name of Applicant: _____

The person named above is applying for admission to the Master of Divinity program at Huron University College and is asking for a reference from you. Thank you for your sincere and candid appraisal of this person's character, academic ability, and suitability for church leadership.

Name of Referee: _____

Address/Telephone: _____

How long have you known the applicant and in what context? _____

How would rate the applicant in the following categories: (please circle)
5= excellent; 1 = poor

Christian faith & commitment	5	4	3	2	1
Academic competence	5	4	3	2	1
Ability to communicate	5	4	3	2	1
Emotional maturity	5	4	3	2	1
Ability to work with others	5	4	3	2	1
Ability to exercise leadership	5	4	3	2	1
Relational skills	5	4	3	2	1

Please evaluate the applicant's character, including openness to learn, reliability and good judgment.

How would you summarize this person's strengths?

How would you summarize this person's weaknesses?

How do you evaluate this person's character and/or relationships in the light of your perception of requirement for a church-related vocation?

How would you describe this person's leadership and work in the church thus far?

- I recommend this applicant for admission unreservedly.
- I recommend this applicant for admission with reservations.
- I do not recommend this applicant for admission.

Other comments:

Signature of referee: _____ Date: _____

Reference Form from University/Academic Instructor

CONFIDENTIAL

Name of Applicant: _____

The person named above is applying for admission to the Master of Divinity program at Huron University College and is asking for a reference from you. (If this applicant has been out of school for several years, this form may have been given to a work supervisor.) Thank you for your sincere and candid appraisal of this person's academic ability and character.

Name of Referee: _____

Address/Telephone: _____

How long have you known the applicant and in what context? _____

How would rate the applicant in the following categories: (please circle)
5= excellent; 1 = poor

Academic competence	5	4	3	2	1
Ability to communicate	5	4	3	2	1
Emotional maturity	5	4	3	2	1
Ability to work with others	5	4	3	2	1
Ability to take initiative	5	4	3	2	1
Relational skills	5	4	3	2	1

Please evaluate the applicant's character, including openness to learn, reliability and good judgment.

How would you summarize this person's strengths?

How would you summarize this person's weaknesses?

Please evaluate this person's academic ability and capacity to do theological study.

Are there any factors of which you're aware that may affect the applicant's academic performance?

- I recommend this applicant for admission unreservedly.
- I recommend this applicant for admission with reservations.
- I do not recommend this applicant for admission.

Other comments:

Signature of referee: _____ Date: _____

Reference Form from Employer or Lay Person

CONFIDENTIAL

Name of Applicant: _____

The person named above is applying for admission to the Master of Divinity program at Huron University College and is asking for a reference from you. Thank you for your sincere and candid appraisal of this person's academic ability and character.

Name of Referee: _____

Address/Telephone: _____

How long have you known the applicant and in what context? _____

How would rate the applicant in the following categories: (please circle)
5= excellent; 1 = poor

Familiarity with Christianity	5	4	3	2	1
Academic competence	5	4	3	2	1
Ability to communicate	5	4	3	2	1
Emotional maturity	5	4	3	2	1
Ability to work with others	5	4	3	2	1
Ability to take initiative	5	4	3	2	1
Relational skills	5	4	3	2	1

Please evaluate the applicant's character, including openness to learn, reliability and good judgment.

How would you summarize this person's strengths?

How would you summarize this person's weaknesses?

Please evaluate this person's ability to do theological study.

Are there any factors of which you're aware that may affect the applicant's academic performance?

- I recommend this applicant for admission unreservedly.
- I recommend this applicant for admission with reservations.
- I do not recommend this applicant for admission.

Other comments:

Signature of referee: _____ Date: _____

Application for Financial Aid

Personal Info:

Surname: _____ Given Names: _____

Mailing address: _____
Street or P.O. Box

City, Province, Postal Code, Country

Permanent address:

Street or P.O. Box

City, Province, Postal Code, Country

Telephone: _____ E-mail: _____ Date of Birth: _____

Citizenship: Canadian or Permanent Resident Other: _____

Program of Study (please circle): MTS M.Div. Year of Program: _____

Enrolling in: Full-time studies (7 or more half-courses) Part-time studies (6 or less half-courses)

Home or sponsoring diocese (if applicable): _____

Please complete section applying to your personal situation:

Spouse or Partner (including common-law)

Spouse's name: _____ Spouse's occupation: _____

Spouse's gross annual income: \$ _____

Divorced/Separated/Single with Dependents

Number of Dependents (18 years or less): _____ Age(s): _____ Do dependants live with you? _____ % of time: _____

Single with no dependants

Student's Debt Load

Accumulated Government Loans (include this year) \$ _____

Accumulated Bank Loans/Line of Credit \$ _____

Outstanding Credit Card Balance \$ _____

Other Loans (please specify) _____

_____ \$ _____

_____ \$ _____

Student's Assets

Car, Motorcycle, Etc. (circle)

Model: _____ Year: _____ \$ _____

Combined Value of stocks, bonds, Trusts (excluding RRSPs) \$ _____

Other Assets (please specify) _____

_____ \$ _____

_____ \$ _____

Please list recent employment or volunteer activities with institutions/organizations:

Volunteer Activity or Employment _____ Dates _____

Budget: The budget is for the normal academic year running from September to April (8 months).

Expenses	\$		\$	Resources	\$
Tuition and activity fees		x1		Savings prior to study period	
Books & supplies		x1		Parents/spouse	
Rent per month/residence Room & board/Residence only/ Mortgage payment		x8		Relatives/friends	
Insurance costs (life, auto, home) per month		x8		Trust funds/investment cashed for use this year	
Telephone per month		x8		Provincial bursary/grant	
Heat/Utilities per month		x8		Government income (CSST, Orphan/s Benefits, Social Assistance, etc.)	
Phone/Utilities hookup charges		x1		Part-time job (estimate)	
Auto (gas, maintenance)		x8		Work study bursary	
Groceries per week		x33		Other bursaries	
Clothing		x1		Other (specify)	
Laundry per month		x8			
Personal Items per month		x8			
Loan/lease payments per month Specify loan/lease:		x8			
Recreation per week		x33			
Meals purchased elsewhere per week		x33			
Round trip home (if commuting to London, state # of trips and distance)		x2			
Minimum credit card payment/month		x8			
Child care per month		x8			
Charitable donations		x2			
Other (specify)		x2			
TOTAL COSTS			\$	TOTAL RESOURCES	\$

NEED = Total Costs minus Total Resources = \$ _____

If you do not intend to apply for government financial assistance for your studies, please explain why:

What will you do if the bursary committee does not provide sufficient funds?

What steps, if any, have you taken to control your debt load?

Have you encountered any unexpected expenses (illness, dental, prescriptions, fire, break-in, etc., briefly give details):

Declaration: I certify that this application presents an accurate outline of my financial position. I am aware that should any inconsistencies in what I have reported come to light, I may be required to repay all or part of any award received.

Signature: _____ Date: _____

Due May 31. Return in a sealed envelope, marked **CONFIDENTIAL**, to: Financial Aid Officer at address on front page.