FACULTY OF
Theology

Application for Master of Divinity Degree

Reference Forms

Financial Aid Application
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:  Optional  
Are you applying to other theology schools?  

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:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Academic competence

Ability to communicate

Emotional maturity

Ability to work with others

Ability to exercise leadership

Relational skills

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

How would you summarize this person's strengths?

over
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

Ability to communicate

Emotional maturity

Ability to work with others

Ability to take initiative

Relational skills

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?

over
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: ________________________________________________________________

Permanent address: _____________________________________________________________

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): ______ A ge(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 ___________________________

________________________________________

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

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

\[\text{NEED} = \text{Total Costs} - \text{Total Resources} = \$\]

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.