

North Carolina Theological Seminary
Grace of God Christian Center
9039 Eastview Ed. | Philadelphia, Pa 19152
(877) 566-2874
Dr. Ellen Bryant-Brown, President



APPLICATION OF ADMISSION

APPLICANT INFORMATION

Last Name:	First Name:	Middle or Maiden:
Mailing Address:		
Date of birth:	SSN:	Home Phone: Cell Phone:
E Mail Address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current Employer:		
Employer address:		How long?
Employer Phone Number:	Extension:	Fax Number:
City:	State:	ZIP Code:

MINISTRY INFORMATION

Name of Local Church:	
Church Address: City/State	Zip:
Pastor's Name:	Contact Number:
Are you a minister? <input type="checkbox"/> Yes <input type="checkbox"/> No Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No Ordained <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	
If you checked other, please explain:	

To what denomination or organization do you belong or classify yourself?

List other ministries that you participate with and your function:

REFERENCE

Reference, Relative or Friend:	Relationship:
Address: City/State/Zip	

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PROGRAM OF DESIRED ENROLLMENT

☐ ASSOCIATE ☐ BACHELOR ☐ MASTERS (YEAR I) ☐ MASTERS (YEAR II) ☐ DOCTORATE ☐ PH.D
 CONCENTRATION: ☐ BIBLICAL STUDIES ☐ CHRISTIAN MINISTRY ☐ BIBLICAL COUNSELING
☐ THEOLOGY ☐ DIVINITY

****BACHELOR MAY CHOOSE CONCENTRATION IN BIBLICAL STUDIES OR THEOLOGY ONLY***
MASTERS AND DOCTORATE MUST CHOOSE ONE (1) CONCENTRATION
BIBLICAL COUNSELING ONLY OFFERED IN MASTERS 2ND YEAR, DOCTORAL AND PH. D*

WHAT IS YOUR ETHNIC ORIGIN

☐ CAUCASIAN (NON-HISPANIC) ☐ ASIAN PACIFIC ISLANDER ☐ HISPANIC ☐ BLACK (NON-HISPANIC)
☐ AMERICAN INDIAN/ALASKAN ☐ OTHER (SPECIFY)

CITIZENSHIP

COUNTRY OF BIRTH: _____ ARE YOU AN AMERICAN CITIZEN: ☐ YES ☐ NO

IF NO, PLEASE ANSWER THE FOLLOWING QUESTIONS

OF WHAT COUNTRY ARE YOU A CITIZEN?

ARE YOU A PERMANENT U.S. RESIDENT? ☐ YES ☐ NO ALIEN REGISTRATION # _____

DO YOU PRESENTLY HAVE A U.S. VISA? ☐ YES ☐ NO

IF YES, WHAT TYPE?

EXPIRATION DATE: _____

EDUCATIONAL INFORMATION

NAME OF HIGH SCHOOL: _____

CITY: _____

COUNTY: _____

STATE: _____

DATE OF GRADUATION: _____

IF YOU DID NOT GRADUATE, HAVE YOU OBTAINED A GED? ☐ YES ☐ NO WHEN? _____

LIST ALL COLLEGES THAT YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER

NAME OF INSTITUTION: _____

CITY: _____

STATE: _____

DATES ATTENDED: FROM : _____ | TO: _____

DEGREE RECEIVED: _____

HOURS EARNED: _____ | ☐ SEMESTER ☐ QUARTER

COLLEGES CONTINUED:

NAME OF INSTITUTION: _____

CITY: _____

STATE: _____

DATES ATTENDED: FROM: _____ | TO: _____

DEGREE RECEIVED: _____

HOURS EARNED: _____ | ☐ SEMESTER ☐ QUARTER