



THE MASTER'S COLLEGE

Master of Arts in Biblical Counseling

THE MASTER'S COLLEGE

Application for Graduate Admission

Master of Arts in Biblical Counseling

APPLICATION INSTRUCTIONS:

1. Please print in blue or black ink and answer every question.
2. Use additional sheets as needed.
3. Send completed application, along with \$35 application fee, to:
The Master's College Office of Admissions, #50
21726 Placerita Canyon Road, Santa Clarita, CA 91321

TERM OF INTENDED ENROLLMENT:

Resident Program -

- Fall _____ (year) Spring _____ (year)

SIP Program -

- Summer _____ (year)

For office use only

Fee: _____ Check No. _____

Date: _____

SOCIAL SECURITY NUMBER

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LAST NAME	FIRST	MIDDLE	TITLE
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FORMER LAST NAME (if applicable)	PREFERRED FIRST NAME (if different from above)	EMAIL ADDRESS
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GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH ____/____/____	COUNTRY OF CITIZENSHIP
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CURRENT ADDRESS (if temporary, valid until __/__/__)	PHONE NUMBER ()
--	---------------------

CITY	STATE/ZIP	COUNTRY (if not USA)
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PERMANENT ADDRESS (Valid until __/__/__)	PHONE NUMBER ()
--	---------------------

CITY	STATE/ZIP	COUNTRY (if not USA)
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MARITAL STATUS

- SINGLE ENGAGED MARRIED SEPARATED WIDOWED DIVORCED WIDOWED/REMARRIED DIVORCED/REMARRIED

Note: If you have ever been divorced, please attach a statement outlining (a) the circumstances involved, (b) your view on the related biblical teaching.

NAME OF SPOUSE/FIANCEE	NAMES/AGES OF CHILDREN	DATE OF MARRIAGE
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HAVE YOU EVER BEEN CONVICTED OF A LEGAL OFFENSE OTHER THAN A TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain on a separate sheet of paper.</i>	ARE YOU A U.S. VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ETHNIC INFORMATION (Government statistical reports require the following) <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER (specify): _____	DO YOU INTEND TO APPLY FOR FINANCIAL AID? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO THE MASTER'S COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU ENROLL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WHAT WAS THE MOST SIGNIFICANT FACTOR INFLUENCING YOUR CHOICE TO APPLY TO THE MASTER'S COLLEGE? (check one) <input type="checkbox"/> PASTOR <input type="checkbox"/> TMC FACULTY/STAFF <input type="checkbox"/> ALUMNI <input type="checkbox"/> CURRENT TMC STUDENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> GRACE TO YOU <input type="checkbox"/> JOHN MACARTHUR <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER _____
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EMPLOYMENT INFORMATION

Please list below your most recent employment experiences, beginning with your current position.

ORGANIZATION	LOCATION (CITY/STATE)	POSITION	DATES OF EMPLOYMENT
			____ / ____ TO PRESENT
			____ / ____ TO ____ / ____
			____ / ____ TO ____ / ____
			____ / ____ TO ____ / ____
			____ / ____ TO ____ / ____

EDUCATION

List all institutions attended beyond high school in chronological order. Please request each institution to send an official transcript directly to The Master's College.

INSTITUTION	LOCATION (CITY/STATE)	CUMULATIVE GPA	DEGREE EARNED	COURSE OF STUDY

Do you view your scholastic record as an accurate representation of your ability? Yes No *If not, please explain:*

What other graduate/training programs are you considering? *(Please list each institution and program)*

Have you ever been refused admission, suspended, had your enrollment terminated or been asked to withdraw by any college, seminary, graduate or professional school?

Yes No *If yes, please explain:* _____

REFERENCES *(not optional)*

Indicate the persons to whom you are giving reference forms. On each form you must indicate whether you choose to retain or waive your right to inspect the reference.

PASTOR'S REFERENCE: _____

If your current pastor does not know you well, you may substitute another pastor or full-time Christian worker who does.

ACADEMIC REFERENCE: _____

Normally this should be given to a teacher in the school or academic environment you have most recently been in.

PERSONAL REFERENCE: _____

This should be a person to whom you have ministered to and/or counseled with in the last few years.

CHURCH LAY-LEADER'S REFERENCE: _____

This should be someone who is familiar with your ministry and personal life; preferably not a staff member.

CHURCH INFORMATION

Of what church are you currently a member?

Church Name _____
 Address _____
 City, State, Zip _____ Phone (_____) _____

With which conference, fellowship or denomination is this church affiliated, if any?

If you are not a member of any church, please explain why?

Please list below your major volunteer (not employed) Christian ministry experience in areas such as Sunday School teaching, preaching, counseling, serving on boards, youth work, music, missions trips, etc.

ORGANIZATION	LOCATION (CITY/STATE)	POSITION OR ACTIVITY	DATES OF SERVICE
			___ / ___ TO ___ / ___
			___ / ___ TO ___ / ___
			___ / ___ TO ___ / ___
			___ / ___ TO ___ / ___
			___ / ___ TO ___ / ___

STATEMENT OF FAITH - *Please read the TMC Doctrinal Statement*

Insofar as you have formed an opinion, are you in general agreement with the Doctrinal Statement of The Master's College?

Yes No

Are there individual areas of disagreement? Yes No *If yes, which?*

Are there individual areas about which you have not yet formed an opinion? Yes No *If yes, which?*

What is your general evaluation of our Doctrinal Statement?

SUPPLEMENTAL INFORMATION

What formal Bible training have you received?

What do you believe to be your spiritual gifts?

In what ministries have you utilized your spiritual gifts within your local church?

Has the leadership of your local church been a part of your previous and current ministries? *Please explain.*

What specific evidence can you identify of the Lord's work through you in formal and/or informal ministry settings?

How have others counseled you as to your gifts and the particular type of ministry you should consider?

What role has the leadership of your local church played in your decision to apply for this training? *Please be specific.*

PERSONAL TESTIMONY

Essay Questions

Respond to each of the following in your own words. Please keep each response between 200 and 400 words, using scriptural references as appropriate.

- ❖ What is the scriptural basis for your salvation and hope of eternal life?
- ❖ What is your personal position on, and involvement with, the sign gifts (i.e. speaking in tongues)?
- ❖ Why do you desire to attend this graduate program and how do you intend to use the training you will receive?

STANDARDS OF CONDUCT - *Please read before signing.*

If admitted to The Master's College, I hereby agree to seek earnestly the will of God for my life, to conform sincerely to the standards of conduct of the college both on and off campus, to assist the school in maintaining the spirit and letter of its guidelines for its students and to cultivate in my own attitude and behavior a godly example.

If admitted, I will regularly attend a Bible-teaching, evangelical church. Furthermore, I agree to become familiar with the complete content of the Student Handbook and to abide by all appropriate policies and expectations.

I agree to abstain from anything specifically prohibited by the Bible, such as sexual immorality. I agree to exercise discernment regarding use of radio, television, and the printed page including a total avoidance of pornographic programming, films and literature. I also agree to abstain from such practices as gambling, the use of beverages that lead to intoxication, the misuse of prescription drugs, and the use of illegal drugs and tobacco.

I also agree not to cheat in any way on any academic assignments or requirements. I agree to treat college properties and facilities with respect. I accept that it is my responsibility to be a good steward of the resources God has provided the college, including the dining center, library, classrooms, and dormitories.

I agree to treat all others in the college community with respect, especially professors in the classroom. I will readily participate in class discussions, but I agree not to disrupt instruction or do anything that will make it difficult for professors to lead classes.

I agree to willingly submit to biblical instruction in keeping with The Master's College doctrinal statement, and while I may participate in open discussions with professors and other students about biblical teaching, I will never seek to lead other students to believe or practice anything contrary to the doctrinal statement of the college.

I agree to fulfill my financial commitment to the college as agreed to during the registration process.

Signature of Applicant: _____ Date: _____

The Master's College does not unlawfully discriminate on the basis of race, color, national origin, age, sex, disability, or prior military service in the administration of its educational policies, admission, financial assistance, employment, or other educational programs or activities.

PLEASE RETURN APPLICATION, ALONG WITH ALL SUPPORTING MATERIALS AND \$35 APPLICATION FEE TO:

THE MASTER'S COLLEGE OFFICE OF ADMISSIONS, #50
21726 PLACERITA CANYON ROAD
SANTA CLARITA, CA 19321
800.568.6248 ❖ 661.259.3540
FAX 661.259.5006
WWW.MASTERS.EDU

THE MASTER'S COLLEGE

Application for Graduate Admission
Master of Arts in Biblical Counseling

Confidential Academic Reference

TO THE APPLICANT:

Complete the top portion and give this form to a person who can provide this specific reference and who knows you well.

Do not give this form to a relative. Please provide your reference with a stamped envelope addressed to: **The Master's College Office of Admissions, #50
21726 Placerita Canyon Road
Santa Clarita, CA, 91321.**

TERM OF INTENDED ENROLLMENT:

Resident Program -

Fall _____ (year) Spring _____ (year)

SIP Program -

Summer _____ (year)

For office use only

Fee: _____ Check No. _____

Date: _____

SOCIAL SECURITY NUMBER	NAME LAST	FIRST	MIDDLE
PERMANENT ADDRESS			PHONE NUMBER
CITY	STATE	ZIP	COUNTRY

The Family Educational Rights and Privacy Act of 1974 provides for a matriculated student to have access to this reference form unless a waiver to that effect has been signed. If you wish to waive your right of access to this reference, sign your name in the space provided. If you do not sign, you will be permitted to inspect this reference only if you enroll at The Master's College.

In the event I become a student at The Master's College, I hereby waive my right of access to this letter of reference.

Signature of Applicant: _____ Date: _____

NOTE: This form is for admission use only and will not become part of the permanent record.

THIS SECTION FOR REFERENCE ONLY:

To the Reference: The candidate named above is applying for admission to The Master's College. The Admissions Committee finds candid, thorough evaluations invaluable in the decision-making process. Please feel free to include any information on the candidate that you feel is pertinent, and remember that your prompt appraisal will help to assure full consideration. Please complete this form and return to the address highlighted above with any additional comments attached.

Please rate the applicant in the areas below by circling the rating that best describes him or her:

COOPERATION <i>Consider willingness to work with people in various capacities, loyalty.</i>	OUTSTANDING	WHEN CONVENIENT	INDIFFERENT	UNWILLING	NOT OBSERVED
EMOTIONS <i>Consider reactions in various situations when stress is likely.</i>	WELL BALANCED	FAIRLY WELL BALANCED	EASILY DEPRESSED OR ELATED	UNRESPONSIVE	NOT OBSERVED
INITIATIVE <i>Consider ability to see things to do, resourcefulness, assertiveness.</i>	SEEKS ADDITIONAL TASKS	WILLINGLY DOES MORE THAN EXPECTED	DOES ASSIGNED TASKS	NEEDS PRODDING	NOT OBSERVED
JUDGMENT & COMMON SENSE <i>Consider ability and foresight in decisions of everyday situations.</i>	SOUND DECISIONS	FAIR DEDUCTIONS	POOR RESULTS	LACKS ABILITY	NOT OBSERVED
LEADERSHIP <i>Consider ability to lead others.</i>	CONSISTENTLY A LEADER	USUALLY A LEADER	LEADS OCCASIONALLY	SELDOM/NEVER LEADS	NOT OBSERVED
PERSONALITY <i>Consider mannerisms and appearance, general impression on others.</i>	WELL LIKED	ACCEPTED	TOLERATED	REJECTED	NOT OBSERVED
RELIABILITY <i>Consider dependability, willingness, and consistency.</i>	CONSCIENTIOUS	USUALLY RELIABLE	ERRATIC	UNRELIABLE	NOT OBSERVED
CHRISTIAN CHARACTER <i>Consider maturity, vitality and consistency of life.</i>	OUTSTANDING/MATURE	USUALLY CONSISTENT	QUESTIONABLE AT TIMES	LITTLE OR NO EVIDENCE	NOT OBSERVED
COMMUNICATION SKILLS <i>Consider ability to present thoughts with logic and clarity.</i>	OUTSTANDING	GOOD	HAS DIFFICULTY	UNABLE TO COMMUNICATE CLEARLY	NOT OBSERVED

(continued on reverse)

How long have you known the applicant? _____

Are you related to applicant? Yes No

In what course(s) have you had the applicant as a student?

Do you know of any emotional or spiritual problem(s)? Yes No *If yes, please explain:*

Has the applicant caused any problem(s) in your course(s)? Yes No *If yes, please explain:*

How would you rank this individual's academic ability?

Top 10% Top 25% Top 50% Lower 50%

How would you rank this individual's potential for graduate study?

Excellent Good Fair Poor

Please add any additional information that will be useful in evaluating the applicant:

Can you conscientiously recommend the applicant for admission to The Master's College?

Yes, with confidence Yes, with the following reservation(s): No (please explain)

Signature: _____ Date: _____

Print Name: _____

Name of Organization: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Email: _____

THE MASTER'S COLLEGE

Application for Graduate Admission
Master of Arts in Biblical Counseling

Confidential Church Lay-Leader Reference

TO THE APPLICANT:

Complete the top portion and give this form to a person who can provide this specific reference and who knows you well.

Do not give this form to a relative. Please provide your reference with a stamped envelope addressed to: **The Master's College Office of Admissions, #50
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Fall _____ (year) Spring _____ (year)

SIP Program -

Summer _____ (year)

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Fee: _____ Check No. _____

Date: _____

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In the event I become a student at The Master's College, I hereby waive my right of access to this letter of reference.

Signature of Applicant: _____ Date: _____

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Please rate the applicant in the areas below by circling the rating that best describes him or her:

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(continued on reverse)

THE MASTER'S COLLEGE ❖ Graduate Application ❖ Master of Arts in Biblical Counseling

How long have you known the applicant? _____

Are you related to applicant? Yes No

In what church ministries has the applicant participated?

What spiritual gifts has the applicant demonstrated in these activities?

How is the applicant viewed by the church congregation?

Do you believe the applicant evidences the giftedness and promise for a church-related ministry? In what areas of ministry could you foresee the applicant serving?

Do you believe that the applicant's knowledge and interpretation of the Bible is sufficient for him/her to minister in formal biblical counseling?

In what areas of Bible knowledge and theory might the applicant need greater training?

Give a brief statement of any family background which would be of help in our understanding of the applicant's needs and/or qualifications for this type of ministry:

What area(s) of the applicant's life need to be developed?

Can you conscientiously recommend the applicant for admission to The Master's College?
 Yes, with confidence Yes, with the following reservation(s): No (please explain)

Signature: _____ Date: _____

Print Name: _____

Name of Organization: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Email: _____

THE MASTER'S COLLEGE

Application for Graduate Admission
Master of Arts in Biblical Counseling

Confidential Pastor Reference

TO THE APPLICANT:

Complete the top portion and give this form to a person who can provide this specific reference and who knows you well.

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(continued on reverse)

THE MASTER'S COLLEGE ❖ Graduate Application ❖ Master of Arts in Biblical Counseling

How long have you known the applicant? _____

Are you related to applicant? Yes No

Is the applicant a member of your church? Yes No

Has the applicant been consistent in attendance? Yes No

In what church ministries has the applicant participated?

What spiritual gifts has the applicant demonstrated in these activities?

Do you believe the applicant evidences the giftedness and promise for a church-related ministry? In what areas of ministry could you foresee the applicant serving?

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Yes, with confidence Yes, with the following reservation(s): No (please explain)

Signature: _____ Date: _____

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(continued on reverse)

THE MASTER'S COLLEGE ❖ Graduate Application ❖ Master of Arts in Biblical Counseling

How long have you known the applicant? _____

Are you related to applicant? Yes No

What spiritual gifts has the applicant demonstrated in their relationship with you?

Do you believe the applicant evidences the giftedness and promise for a church-related ministry? In what areas of ministry could you foresee the applicant serving?

Do you believe that the applicant's knowledge and interpretation of the Bible is sufficient for him/her to minister in formal biblical counseling?

In what areas of Bible knowledge and theory might the applicant need greater training?

In what ways has the applicant's ministry or life been a positive influence on you?

What area(s) of the applicant's life need to be developed?

Can you conscientiously recommend the applicant for admission to The Master's College?

Yes, with confidence Yes, with the following reservation(s): No (please explain)

Signature: _____ Date: _____

Print Name: _____

Name of Organization: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Email: _____