

Master of Arts in Biblical Studies

Application for Graduate Admission

Master of Arts in Biblical Studies

APPLICATION INSTRUCTIONS: 1. Please print in blue or b 2. Use additional sheets as 3. Send completed applica The Master's Colleg 21726 Placerita Car SOCIAL SECURITY NUMBER	For office use only Fee: Check Date:	(year)		
LAST NAME	FIRST	MIDDLE	TITLE	
FORMER LAST NAME (if applicable)	PREFERRED FIRST NAME (If different from above)	EMAIL ADDRESS		
GENDER	DATE OF BIRTH	COUNTRY OF CITIZENSHIP		
CURRENT ADDRESS (If temporary, valid until/		PHONE NUMBER		
CITY STATE/ZIP		COUNTRY (If not USA)		
PERMANENT ADDRESS (Valid until//_)		PHONE NUMBER		
CITY STATE/ZIP		COUNTRY (If not USA)		
MARITAL STATUS SINGLE ENGAGED MARRIED Note: If you have ever been divorced, please attach a single NAME OF SPOUSE/FIANCEE	SEPARATED WIDOWED DIVORCED Distance of the circumstances involved, (b) your view NAMES/AGES OF CHILDREN	WIDOWED/REMARRIED DIVORCED/REM or on the related biblical teaching.	DATE OF MARRIAGE	
HAVE YOU EVER BEEN CONVICTED OF A LEGAL OFFENSE OTHER THAN A TRAFFIC VIOLA		TION?	ARE YOU A U.S. VETERAN?	
☐ YES ☐ NO If yes, please explain on	a separate sheet of paper.	☐ YES ☐ NO		
ETHNIC INFORMATION (Government stat	istical reports require the following)	DO YOU INTEND TO APPLY FO	OR FINANCIAL AID?	
☐ AFRICAN-AMERICAN ☐ ASIAN ☐ CAUCASIAN ☐	HISPANIC □ NATIVE AMERICAN □ OTHER (specify):	□ YES □ NO		
HAVE YOU PREVIOUSLY APPLIED FOR AD	MISSION TO THE MASTER'S COLLEGE?	DID YOU ENROLL?		
□ YES □ NO		□ YES □ NO		
WHAT WAS THE MOST SIGNIFICANT FACT	OR INFLUENCING YOUR CHOICE TO APPLY TO T	HE MASTER'S COLLEGE? (check one)	
E DACTOR E THO FACILITY/OTAFE E ALLINANI	EL CUIDDENT TAGO CTUDENT EL DELATIVE EL CRACE	TO VOLUE DE LOUIN MACCAPITULIDE DE INI	TERNET EL OTHER	

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
			/ то/
			/ 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	Do you view your scholastic record as an accurate representation of your ability? Yes No If not, please explain:							
What other graduate/training programs ar	e you considering? (Plea	ase list each institut	tion 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 giv right to inspect the reference.	ing reference forms. Or	n each form you mu	ust indicate whether you choos	se to retain or waive your				
PASTOR'S REFERENCE:								
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 a	nd/or counseled wit	th 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 denon	nination is this church affili	ated, if any?	
If you are not a member of any church, plea			
Please list below your major volunteer (n ministry experience in areas su	
preaching, counseling, serving on board	ds, youth work, music, n		
ORGANIZATION	LOCATION (CITY/STATE)	POSITION OR ACTIVITY	DATES OF SERVICE
			/ TO/
			/ TO/
			/ TO/
			/TO/
STATEMENT OF FAITH - Pled	ase read the TMC Doo	ctrinal Statement	
Insofar as you have formed an opinion, are	you in general agreement	with the Doctrinal Statement of The	Master's College?
Are there individual areas of disagreement?	☐ Yes ☐ No If ye	es, which?	
Are there individual areas about which you l	nave not yet formed an op	inion? □ Yes □ No <i>If yes, w</i>	hich?
What is your general evaluation of our Doct	rinal 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? <i>Please explain.</i>
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:

Application for Graduate Admission Master of Arts in Biblical Studies

Confidential Academic Reference

TO THE APPLICANT: Complete the top portion

SOCIAL SECURITY NUMBER

PERMANENT ADDRESS

CITY

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, #16
21726 Placerita Canyon Road

21726 Placerita Canyon Ro Santa Clarita, CA, 91321.

NAME LAST

STATE

TERM OF INTENDED ENROLLMENT:				
□ Summer (year)				
For office use only				
Fee: Check No.				
Date:				
MIDDLE				
WIDDEL				
PHONE NUMBER				
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.

FIRST

ZIP

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 Consider willingness to work with people in various capacities, loyalty.	OUTSTANDING	WHEN CONVENIENT	INDIFFERENT	UNWILLING	NOT OBSERVED
EMOTIONS Consider reactions in various situations when stress is likely.	WELL BALANCED	FAIRLY WELL BALANCED	EASILY DEPRESSED OR ELATED	UNRESPONSIVE	NOT OBSERVED
INITIATIVE Consider ability to see things to do, resource-fulness, assertiveness.	SEEKS ADDITIONAL TASKS	WILLINGLY DOES MORE THAN EXPECTED	DOES ASSIGNED TASKS	NEEDS PRODDING	NOT OBSERVED
JUDGMENT & COMMON SENSE Consider ability and foresight in decisions of everyday situations.	SOUND DECISIONS	FAIR DEDUCTIONS	POOR RESULTS	LACKS ABILITY	NOT OBSERVED
LEADERSHIP Consider ability to lead others.	CONSISTENTLY A LEADER	USUALLY A LEADER	LEADS OCCASIONALLY	SELDOM/NEVER LEADS	NOT OBSERVED
PERSONALITY Consider mannerisms and appearance, general impression on others.	WELL LIKED	ACCEPTED	TOLERATED	REJECTED	NOT OBSERVED
RELIABILITY Consider dependability, willingness, and consistency.	CONSCIENTIOUS	USUALLY RELIABLE	ERRATIC	UNRELIABLE	NOT OBSERVED
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(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:

Application for Graduate Admission Master of Arts in Biblical Studies

Confidential Church Lay-Leader Reference

TERM OF INTENDED ENROLLMENT:

TO THE APPLICANT:

Signature of Applicant: ___

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pecific reference and woo not give this form to	ho knows you well. a relative. Please provide you The Master's College Office 21726 Placerita Canyon Roa Santa Clarita, CA, 91321.	ur reference with a stamped of Admissions, #50	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
,	our right of access to this reference, s		to this reference form unless a waiver to that effect has been you do not sign, you will be permitted to inspect this reference
In the event I become a stude	ent at The Master's College, I hereby v	vaive my right of access to this letter of r	eference.

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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 current knowledge and interpretation skills are sufficient for him/her to progress in graduate level biblical studies?
In what areas of Bible knowledge and theory might the applicant need greater training?
Give a brief statement of any family or church background which would be of help in our understanding of the applicant's needs and/or qualifications for this type of study:
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 (

Application for Graduate Admission Master of Arts in Biblical Studies

Confidential Pastor Reference

TO THE APPLICANT:

SOCIAL SECURITY NUMBER

PERMANENT ADDRESS

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.

NAME LAST

STATE

	TETTIVI OF TIVIENDED ENTICLEMENT.			
	□ Summer (year)			
For office use only				
Fee: Check No.				
	Date:			
	-			
	MIDDLE			
	PHONE NUMBER			
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FIRST

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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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?
Do you believe that the applicant's current knowledge and interpretation skills are sufficient for him/her to progress in graduate level biblical studies?
In what areas of Bible knowledge and theory might the applicant need greater training?
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Print Name:
Name of Organization: Title:
Address:
City, State, Zip:
Phone: () Fmail:

Application for Graduate Admission Master of Arts in Biblical Studies

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Complete the top specific reference a

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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.