APPLICATION FOR ADMISSION

P.O. BOX 2247
AUSTIN, TEXAS 78768
PHONE: (512) 472-4133
FAX: (512) 472-3098
admissions@ssw.edu
www.ssw.edu

The Loise Henderson Wessendorff
Center for Christian Ministry and Vocation

PROGRAM: (CHECK ONE)

☐ Master of Arts in Spiritual Formation
☐ Master of Arts in Chaplaincy & Pastoral Care
☐ Master of Arts in Counseling

NAME
DATE OF APPLICATION
DATE OF EXPECTED ENROLLMENT

☐ Part Time Student (3-11 hrs)
☐ Full Time Student (12+ hrs)

PHOTO HERE
(not required)

Complete all items in this application, attaching additional pages if necessary. Review the CHECKLISTS and be sure that all required documents are submitted with your application. Contact the Enrollment Office if you have questions or need assistance.

When all application materials have been received, the seminary will contact you to arrange an interview.
### PERSONAL INFORMATION

<table>
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<tr>
<th>NAME (FIRST)</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SOCIAL SECURITY #</th>
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OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

DATE AND PLACE OF BIRTH: ____________________________________________________________________

AGE: ___________

PRESENT ADDRESS

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<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
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PHONES: HOME _________ WORK _________ CELL _________

AC/ AC/ AC/

E-MAIL: ________________________________

EMERGENCY CONTACT NAME __________________________ PHONE AC/

ADDRESS

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### ACADEMIC BACKGROUND

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<tr>
<th>COLLEGE OR UNIVERSITY</th>
<th>MAJOR</th>
<th>DATES OF ATTENDANCE</th>
<th>GRADUATION DATE</th>
<th>DEGREE GRANTED OR EXPECTED</th>
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SEMINARY/GRADUATE/PROFESSIONAL SCHOOLS

|                        |       |                     |                 |                           |
|                        |       |                     |                 |                           |
|                        |       |                     |                 |                           |

WILL YOU BE REQUESTING TRANSFER CREDIT? ☐ YES ☐ NO IF YES, ATTACH THE APPROPRIATE FORM.

ACADEMIC OR OTHER HONORS, EXTRACURRICULAR ACTIVITIES, PUBLICATIONS

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

LANGUAGES OTHER THAN ENGLISH (LIST LANGUAGE AND LEVEL OF PROFICIENCY)

______________________________________________________________________________________________

HAVE YOU APPLIED (ARE YOU APPLYING) FOR ADMISSION TO OTHER SEMINARIES/GRADUATE SCHOOLS? ☐ YES ☐ NO

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<th>NAME OF SCHOOL</th>
<th>STATUS OF APPLICATION</th>
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ALL APPLICANTS:

DENOMINATION ____________________________________________
DIOCESE OR JURISDICTION ____________________________________

PARISH OR CONGREGATION __________________________________

ADDRESS __________________________________________________

BAPTISM ___________________ CONFIRMATION OR ADULT AFFIRMATION ___________________

DATE ___________________ PLACE ___________________
DATE ___________________ PLACE ___________________

PREVIOUS DENOMINATIONAL AFFILIATION ____________________________________

WORK EXPERIENCE

Provide the following information concerning your last three places of employment: organization or firm / location / dates of employment / position. You may attach your résumé or CV if you prefer.

1. __________________________________________________________________________________________
________________________________________________________________________________________

2. __________________________________________________________________________________________
________________________________________________________________________________________

3. __________________________________________________________________________________________
________________________________________________________________________________________

If additional space is needed, please continue on a separate sheet of paper.

PAST VOLUNTEER or FIELD EXPERIENCE

Provide a brief explanation of past volunteer and/or field experience in relation to the degree program you are applying for:

1. __________________________________________________________________________________________
________________________________________________________________________________________

2. __________________________________________________________________________________________
________________________________________________________________________________________

If additional space is needed, please continue on a separate sheet of paper.

REFERENCES

Please provide the name, address, and telephone number

YOUR PARISH PRIEST/PASTOR ___________________________________

LAY MEMBER OF CONGREGATION ___________________________________

ACADEMIC OR PERSONAL REFERENCE _______________________________
FINANCIAL

ARE YOU APPLYING FOR FINANCIAL AID?  □ YES  □ NO  IF YES, COMPLETE A FINANCIAL AID EVALUATION FORM. IF NO, PLEASE INDICATE HOW YOU INTEND TO FINANCE YOUR SEMINARY EDUCATION:

□ PERSONAL RESOURCES  □ SUPPORT FROM MY DIOCESE  □ SUPPORT FROM MY PARISH

□ SUPPORT FROM FAMILY AND FRIENDS  □ WORKING SPOUSE  □ OTHER (SPECIFY)

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

STATEMENT OF WAIVER

I understand that under the provisions of the Family Educational Rights and Privacy Act, as amended, as it applies to admissions files, I have the right to examine letters of reference or reference forms submitted on my behalf, unless I waive that right. I hereby waive that right in connection with this application. I further understand that signing this waiver is in no way a condition of my admission.

SIGNATURE ___________________________  DATE ________________

I prefer not to sign the above waiver.

SIGNATURE ___________________________  DATE ________________

CERTIFICATIONS

I certify that the information I have provided in this application and in related documents is true and complete and understand that material omissions or inaccurate or misleading information could jeopardize my standing as a prospective student. I understand that all application materials become the property of Seminary of the Southwest.

SIGNATURE ___________________________  DATE ________________