



Indigenous Studies Program  
Vancouver School of Theology



# Indigenous Studies Program

(Previously known as Native Ministries Program)

## *Diploma in Theological Studies*

**Vancouver School of Theology is fully accredited by the Association of Theological Schools.**

# Application for Admission

***Application Fee: \$75***  
***Payable to: Vancouver School of Theology***

To: Sponsoring Denominational Constituency

Please have the applicant complete the attached application form and return it to the appropriate denominational representative, i.e., bishop or presbytery representative.

**Indigenous Studies Program**  
**Vancouver School of Theology**  
**6015 Walter Gage Road**  
**Vancouver, BC, Canada**  
**V6T 1Z1**

We acknowledge our location on the traditional,  
ancestral and unceded territory of the Musqueam people.



## APPLICATION FOR ADMISSION:

### INDIGENOUS STUDIES PROGRAM DIPLOMA IN THEOLOGICAL STUDIES

Please note there is a \$75.00 non refundable application fee to be paid as part of the application.

**This application should be returned to the sponsoring denominational authority (Diocese, Presbytery, etc., if applicable) accompanied by the documents specified below.**

#### PERSONAL INFORMATION

- Name in Full \_\_\_\_\_  
*SURNAME (please print)* *GIVEN NAMES*
- Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
*CITY STATE/PROVINCE COUNTRY POSTAL/ZIP CODE*  
Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Email \_\_\_\_\_  
*HOME OFFICE/OTHER*
- Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Social Insurance No./Social Security No. \_\_\_\_\_
- Tribal Affiliation: \_\_\_\_\_ Denomination \_\_\_\_\_
- Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Children: Boys \_\_\_\_\_ Ages \_\_\_\_\_ Girls \_\_\_\_\_ Ages \_\_\_\_\_
- In case of emergency notify: \_\_\_\_\_  
*NAME*  
\_\_\_\_\_  
*ADDRESS PHONE*



**ACADEMIC BACKGROUND**

7. Give details of your educational background, showing schools, universities, seminaries attended and degrees or diplomas received or presently being completed. **Transcripts of credits should be requested from each institution and attached to this form, or sent directly to the Registrar, Vancouver School of Theology.**

SCHOOL OR UNIVERSITY	LOCATION	YEARS ATTENDED	DEGREES, DIPLOMAS & DATE

**EMPLOYMENT BACKGROUND INCLUDING CHURCH APPOINTMENTS**

8. Give details of work/employment in the last ten years:

(a)	EMPLOYER	ADDRESS	DATES
	TYPE OF WORK	POSITION HELD	
(b)	EMPLOYER	ADDRESS	DATES
	TYPE OF WORK	POSITION HELD	
(c)	EMPLOYER	ADDRESS	DATES
	TYPE OF WORK	POSITION HELD	
(d)	EMPLOYER	ADDRESS	DATES
	TYPE OF WORK	POSITION HELD	
(e)	EMPLOYER	ADDRESS	DATES
	TYPE OF WORK	POSITION HELD	



9. What specialized or professional training have you undertaken?

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10. Please indicate whether you are now ordained or whether you are recognized by your denomination as a candidate for ordained ministry, or are in the process of seeking such recognition.

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**Enclosures Required: (An application will be considered when all required enclosures and references from two persons have been received.)**

11. **Autobiography.** Please attach to this application a short biography, written or on audio tape, including such matters as your interests and hobbies, impressions and early memories of family, friends, school, church. Include reflections on your learning from significant events and persons.

The Indigenous Studies Program is designed to provide a Master of Divinity degree for persons seeking, or already exercising ministry in First Nations settings. With this specific purpose in mind, please articulate:

- (1) your current commitment to and/or within a First Nations setting.
- (2) your commitment and future aspirations within First Nations settings, and how this program will assist you in further reaching these goals.

12. **Official Transcripts.** As required in (7) above.

**Note: A student applying without a prior degree might be requested to present evidence of ability, either a written document or assessments of supervised experience.**

13. **A Recent Photograph.**

14. **References.** Please give names, addresses and occupations of TWO persons who can supply references for you, of whom at least one should be ordained. Please send one of the attached forms to each person named, with the request that the form be mailed directly to the Registrar, Vancouver School of Theology, 6015 Walter Gage Road, Vancouver, BC V6T 1Z1. Print your name on each form before mailing it.

NAME	ADDRESS	OCCUPATION
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Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date of Application

PLEASE RETURN TO YOUR SPONSORING DENOMINATIONAL AUTHORITY  
(Diocese, Presbytery, etc., if applicable)



Freedom of information and protection of privacy: Your personal information on this form is collected under the authority of the Vancouver School of Theology Act (1992) and is needed to process your application. If you have any questions about the collection and use of this information, please contact the Privacy Office at 604-822-9813. All information is held in confidentiality.

Vancouver School of Theology is fully accredited by the Association of Theological Schools.



**VANCOUVER SCHOOL OF THEOLOGY**

**6015 Walter Gage Road, Vancouver, BC Canada V6T 1Z1**

Confidential Statement concerning \_\_\_\_\_

The Registrar of Vancouver School of Theology would appreciate a confidential statement from you concerning the person named above who has applied for admission to this School of Theology. Please indicate the length and nature of your relationship to the applicant. Information is desired especially on the following points: (1) character and personality (2) academic ability (3) emotional stability (4) leadership and vocational qualities (5) potential, in your opinion, for full-time study of theology and ministry of the Church.

Please mail directly to:

Indigenous Ministries Degree Program  
6015 Walter Gage Road  
Vancouver, BC Canada V6T 1Z1

**This should Not be returned to the applicant.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Position and Title: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_



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Signed: \_\_\_\_\_

Position and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



**Indigenous Ministries Degree Programme  
MASTER OF DIVINITY by EXTENSION  
Denominational Responsibilities**

**STATEMENT OF SUPPORT**

Signatories to this document indicate willingness to participate in ensuring the provision of support to enable:

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*(Name of student)*

to pursue theological studies toward a Master of Divinity degree by extension or a Diploma in Theological Studies by extension offered by Vancouver School of Theology.  
This support will include (check all that apply):

- Educational support
  - Assisting VST in recruiting a tutor,
  - Sharing in the evaluation of the student,
  - Helping to identify a field education/practicum site
  
- Financial support to supplement support provided by the school
  - Tuition
  - Travel
  - Books
  - Room and board

Signatories sign on behalf of (check all that apply):

- Church judicatory (presbytery, diocese, association, congregation)
- Village government/Band Council/Education Office
- Other (Please specify)

\_\_\_\_\_  
NAME (print)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
GROUP REPRESENTED

\_\_\_\_\_  
DATE





**FOR SELF-FUNDED STUDENTS**

Please indicate the extent to which you are able to meet tuition and other expenses of this program:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE