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

1. Name in Full ____________________________________________________________________________
   SURNAME (please print) __________________________ GIVEN NAMES ____________________________

2. Permanent Address _________________________________________________________________________
   _______________________________________________________________________________________
   CITY __________________ STATE/PROVINCE ________ COUNTRY __________________ POSTAL/ZIP CODE
   Phone ( )___________( )___________ Email _________________________
   HOME OFFICE/OTHER

3. Sex _____ Date of Birth _____________________ Place of Birth ______________________________________
   Social Insurance No./Social Security No. _______________________________________________________

4. Tribal Affiliation: __________________________ Denomination____________________________________

5. Marital Status: Single ______ Married ______ Divorced ______ Widowed ______
   Name of Spouse: __________________________________________________________________________
   Children: Boys _______ Ages _______ Girls _______ Ages

6. 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.**

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EMPLOYMENT BACKGROUND INCLUDING CHURCH APPOINTMENTS

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

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9. What specialized or professional training have you undertaken?

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.

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.

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<th>NAME</th>
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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.
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: _______________
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.

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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: __________________________
STATEMENT OF SUPPORT

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

(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                   GROUP REPRESENTED
_________________________
SIGNATURE                                           DATE
FOR SELF-FUNDED STUDENTS

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

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

_______________________________    ______________________________
SIGNATURE                        DATE