

TRINITY COLLEGE OF MINISTRY

APPLICATION FOR ADMISSION

For which program are you applying:

2-Year Ministry Preparation Track 2-Year Missions Preparation Track

6-month Leadership Development Track

When do you hope to start? Sept January

PERSONAL INFORMATION

Title: (circle one) Mr. Mrs. Miss Ms. Male Female

Last Name: _____ **First Name** _____

Middle Name: _____ **Maiden Name:** _____

What name do you prefer to use? _____

Birthdate: _____ **Social Security number:** _____

Month / Day / Year

Country of Citizenship: _____ **Naturalized:** Yes No

Birthplace: _____ **If naturalized, when?** _____

Mother Tongue: _____ **Permanent U.S Resident:** Yes No

If no, and you are living in the U.S.

What is your visa status? _____

Present Address:

Street Number and Name Apt or Box Number

City State Zip Code Country

Telephone: Home: () _____

Fax: _____

Country code city/area code number

Work: () _____ **Email:** _____

Country code city/area code number

Until what date will you be at this address and phone

number? _____

Month / Day / Year

For office use only:

Approved _____ **Date** _____ **Program** _____ **Start date**

Denied _____ **Date**

Please note: Auditing students need only fill in this page and return it to the reception area of Trinity Chapel.

Please affix recent photo to upper left hand corner of application

ADMISSIONS PROCEDURES CHECKLIST

Application Completed	
Pastor's reference	
Personal reference	
Teacher/employer reference (optional)	
HS Diploma or Transcript/GED	
Essay: Please write a two-page essay in which you would describe your reasons and motivations for going to Trinity College of Ministry.	

This document lists all of the standard requirements necessary for making application to Trinity College of Ministry. Please read each item carefully. The Admissions Office may request additional information from you at any stage of the application process.

For your convenience this document has been designed to function as a checklist. You may use it to keep track of which items you have submitted as you progress through the application process. It is not necessary to submit all documents at the same time. However, your application will only be considered for acceptance when the Admissions Office has received all components. If any requirement is unclear, please feel free to contact the Admissions Office for more information:

**(865) 688-9991 or tcom@comcast.net
All documents should be submitted to:**

Trinity College of Ministry
Admissions Office
5830 Haynes Sterchi Road
Knoxville, TN 37912

Trinity College of Ministry

PASTOR'S REFERENCE:

To the applicant: Please print your name and address on the lines below, and give this reference to a pastor you have known for two years or longer. If your pastor is also a family member, please give the reference to an associate pastor, youth group leader, or elder. **Please note: All references are held in strict confidence and will not be shown to the applicant.**

Name of applicant:

Last	First	Middle Initial
Address		
Street Address	City	State Zip Code

To the person writing this reference:

The above-named individual is applying for enrollment at Trinity College of Ministry. The program consists of college level course work in which discipleship and personal mentoring are integrated. In view of the nature of this program, we would greatly appreciate your careful and thoughtful consideration to the following evaluation of the applicant. **All references are held in strict confidence and will not be shown to the applicant.**

Your Name _____
Relationship to Applicant _____
Address _____

Street Address	City	State	Zip Code

Daytime Phone Number () _____ **E-mail Address** _____
How long have you known the applicant? _____ **In what capacity?** _____

Please check all of the following reasons that you feel may be motivational in the applicant's desire to attend Trinity:

- | | |
|---|---|
| <input type="checkbox"/> Seeking the Lord for direction
<input type="checkbox"/> Failure in past endeavors/ Needs a new start
<input type="checkbox"/> Hopes to find support in dealing with profound personal/emotional problems | <input type="checkbox"/> Desire to serve the Lord in missions
<input type="checkbox"/> Desire to spread the Gospel
<input type="checkbox"/> Desire to help others
<input type="checkbox"/> Unknown |
|---|---|

To your knowledge has the applicant had a history of, or is currently experiencing any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Substance abuse__Alcohol __Drugs
<input type="checkbox"/> Criminal conviction/Parole
<input type="checkbox"/> Debilitative Anxiety | <input type="checkbox"/> Chronic Depression
<input type="checkbox"/> Psychiatric Treatment__In counseling
<input type="checkbox"/> Eating Disorders |
|---|---|

Please indicate the approximate dates of any item you marked above: _____
Please comment on any of the above items that you have marked: _____

Is the applicant financially responsible? ___ Yes ___ No **If "No" please explain:**

Please comment on the applicant's home/family life

Please mark any of the following descriptions, which you observe to be true of the applicant.

1. Physical Fitness

- Frequently incapacitated
- Somewhat below average
- Healthy
- Very fit
- Obsessive about fitness and diet

2. Social Skills

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others
- Very popular/sought after by others

3. Intelligence

- Learns and thinks slowly
- Somewhat below average
- Average
- Alert; has a good mind
- Extraordinary; exceptional mental ability

4. Response to Difficulties

- Easily angered/impulsive
- Suffers from frequent bouts of depression
- Defensive/territorial
- Tendency to withdraw
- Easily discouraged
- Responds constructively
- Overcomes with ease and grace

5. Teamwork

- Frequently causes friction
- Great difficulties in working under authority
- Insists on having his/her own way
- Usually cooperative
- Respects the views and ideas of others
- Thrives in team situations

6. Emotional Responsiveness

- Oblivious to the needs of others
- Self-centered/immature
- Inconsistent but makes an effort to meet other's needs
- Understanding and thoughtful
- Consistently loving toward others

7. Willingness to Serve

- Refuses to serve
- Reluctant to serve
- Willing, but on his/her own terms
- Willing, but sometimes struggles with follow-through
- Eager to serve
- Eager to serve in any capacity/selfless

8. Achievement

- Does not commit to any tasks
- Starts tasks but doesn't finish them
- Undependable/not trustworthy
- Does only what is assigned
- Eager to improve/self-motivated
- Proactive/enthusiastic/creative/motivates others

9. Leadership Potential

- Completely dependent on the leadership of others
- Tries, but lacks ability
- Lacks self-confidence, but has potential
- Natural leader/regularly surfaces in leadership positions
- Driving/commands the submission of others

What is your overall evaluation of the applicant's potential in regard to ministry training?

- | | |
|--|---|
| <input type="checkbox"/> I do not recommend the applicant | <input type="checkbox"/> I recommend the applicant |
| <input type="checkbox"/> I recommend the applicant with reservations | <input type="checkbox"/> I highly recommend the applicant |

Please comment: _____

Is there anything else that you would like the College to know as we evaluate the applicant's request for admission? _____

Your signature: _____ Date: _____

Please return to:

Trinity College of Ministry, Admissions Office, 5830 Haynes Sterchi Road, Knoxville TN 37912
(865) 688-9991 E-Mail: tcom@usconsumernet.net

Trinity College of Ministry

PERSONAL REFERENCE

To the applicant: Please print your name and address on the lines below, and give this reference to someone you have known for two years or longer. Please do not give your reference to a family member. **Please note: All references are held in strict confidence and will not be shown to the applicant.**

Name of applicant _____

	Last	First	Middle Initial
Address _____	Street Address	City	State Zip Code

To the person writing this reference:

The above-named individual is applying for enrollment at Trinity College of Ministry. The program consists of college level course work in which discipleship and personal mentoring are integrated. In view of the nature of this program, we would greatly appreciate your careful and thoughtful consideration to the following evaluation of the applicant. **All references are held in strict confidence and will not be shown to the applicant.**

Your Name _____

Relationship to Applicant _____

Address _____	Street Address	City	State Zip Code
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Daytime Phone Number () _____ E-mail Address _____

How long have you known the applicant? _____ In what capacity? _____

Please check all of the following reasons that you feel may be motivational in the applicant's desire to attend Trinity:

- | | |
|--|---|
| <input type="checkbox"/> Seeking the Lord for direction
<input type="checkbox"/> Failure in past endeavors/ Needs a new start
<input type="checkbox"/> Hopes to find support in dealing with profound personal/emotional needs
<input type="checkbox"/> | <input type="checkbox"/> Desire to serve the Lord in missions
<input type="checkbox"/> Desire to spread the Gospel
<input type="checkbox"/> Desire to help others
<input type="checkbox"/> Unknown |
|--|---|

To your knowledge has the applicant had a history of, or is currently experiencing any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Substance abuse__Alcohol __Drugs
<input type="checkbox"/> Criminal conviction/Parole
<input type="checkbox"/> Debilitative Anxiety | <input type="checkbox"/> Chronic Depression
<input type="checkbox"/> Psychiatric Treatment__In counseling
<input type="checkbox"/> Eating Disorders |
|---|---|

Please indicate the approximate dates of any item you marked above: _____

Please comment on any of the above items that you have marked: _____

Is the applicant financially responsible? ___ Yes ___ No If "No" please explain: _____

Please comment on the applicant's home/family life _____

Please return to:

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(865) 688-9991 E-Mail: tcom@usconsumernet.net

Trinity College of Ministry

TEACHER/EMPLOYER/SUPERVISOR REFERENCE

To the applicant: Please print your name and address on the lines below, and give this reference to teacher/employer/supervisor you have known for two years or longer. Please do not give your reference to a family member. **Please note: All references are held in strict confidence and will not be shown to the applicant.**

Name of applicant _____

_____	_____	_____	_____
Last	First	Middle Initial	
Address _____			
_____	_____	_____	_____
Street Address	City	State	Zip Code

To the person writing this reference:

The above-named individual is applying for enrollment at Trinity College of Ministry. The program consists of college level course work in which discipleship and personal mentoring are integrated. In view of the nature of this program, we would greatly appreciate your careful and thoughtful consideration to the following evaluation of the applicant. **All references are held in strict confidence and will not be shown to the applicant.**

Your Name _____

Relationship to Applicant _____

_____	_____	_____	_____
Street Address	City	State	Zip Code

Daytime Phone Number () _____ E-mail Address _____

How long have you known the applicant? _____ In what capacity? _____

Please check all of the following reasons that you feel may be motivational in the applicant's desire to attend Trinity (If you are unaware or feel uncomfortable answering this question, please check unknown and move to the next question):

<input type="checkbox"/> Seeking the Lord for direction	<input type="checkbox"/> Desire to serve the Lord in missions
<input type="checkbox"/> Failure in past endeavors/ Needs a new start	<input type="checkbox"/> Desire to spread the Gospel
<input type="checkbox"/> Hopes to find support in dealing with profound personal/emotional needs	<input type="checkbox"/> Desire to help others
	<input type="checkbox"/> Unknown

To your knowledge has the applicant had a history of, or is currently experiencing any of the following:

<input type="checkbox"/> Substance abuse__Alcohol __Drugs	<input type="checkbox"/> Chronic Depression
<input type="checkbox"/> Criminal conviction/Parole	<input type="checkbox"/> Psychiatric Treatment__In counseling
<input type="checkbox"/> Debilitative Anxiety	<input type="checkbox"/> Eating Disorders

Please indicate the approximate dates of any item you marked above: _____

Please comment on any of the above items that you have marked: _____

Is the applicant financially responsible? __Yes __ No If "No" please explain: _____

Please comment on the applicant's home/family life _____

Please mark any of the following descriptions, which you observe to be true of the applicant.

1. Physical Fitness

- Frequently incapacitated
- Somewhat below average
- Healthy
- Very fit
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- Avoided by others
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- Very popular/sought after by others

3. Intelligence

- Learns and thinks slowly
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- Average
- Alert; has a good mind
- Extraordinary; exceptional mental ability

4. Response to Difficulties

- Easily angered/impulsive
- Suffers from frequent bouts of depression
- Defensive/territorial
- Tendency to withdraw
- Easily discouraged
- Responds constructively
- Overcomes with ease and grace

5. Teamwork

- Frequently causes friction
- Great difficulties in working under authority
- Insists on having his/her own way
- Usually cooperative
- Respects the views and ideas of others
- Thrives in team situations

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- Self-centered/immature
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- Understanding and thoughtful
- Consistently loving toward others

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- Reluctant to serve
- Willing, but on his/her own terms
- Willing, but sometimes struggles with follow-through
- Eager to serve
- Eager to serve in any capacity/selfless

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- Starts tasks but doesn't finish them
- Undependable/not trustworthy
- Does only what is assigned
- Eager to improve/self-motivated
- Proactive/enthusiastic/creative/motivates others

9. Leadership Potential

- Completely dependent on the leadership of others
- Tries, but lacks ability
- Lacks self-confidence, but has potential
- Natural leader/regularly surfaces in leadership positions
- Driving/commands the submission of others

If you were working on a project with a team of people for an extended period of time would you elect to include the applicant on your team? Please explain: _____

What is your overall evaluation of the applicant's potential in regard to ministry training?

- | | |
|--|---|
| <input type="checkbox"/> I do not recommend the applicant | <input type="checkbox"/> I recommend the applicant |
| <input type="checkbox"/> I recommend the applicant with reservations | <input type="checkbox"/> I highly recommend the applicant |

Please comment: _____

Is there anything else that you would like the College to know as we evaluate the applicant's request for admission?

Your signature: _____ Date: _____

Please return to:

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(865) 688-9991 E-Mail: tcom@usconsumernet.net

Please fill out these forms and send them to your high school and to any colleges that you have attended. They will send your transcripts to us.

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Student's Name_____

Dates attended from _____ to Graduation Date

Student Social Security Number_____

Please send complete official transcript to:

Admissions Office
Trinity College of Ministry
5830 Haynes Sterchi
Knoxville, TN 37912

Thank You,

Student's Signature

Date

COLLEGE TRANSCRIPT REQUEST FORM

Student's Name_____

Dates attended from _____ to Graduation Date

Student Social Security Number_____

Please send complete official transcript to:

Admissions Office
Trinity College of Ministry
5830 Haynes Sterchi
Knoxville, TN 37912

Thank You,

Student's Signature

Date