



for Theological Studies

# APPLICATION FOR ADMISSION

## DIPLOMA IN THEOLOGY

### **OUR MISSION**

*The mission of  
The **John** Leland Center  
is to equip transformational  
leaders for the emerging  
Church and ministries in  
multi-ethnic, multi-cultural  
communities. We are  
committed to bringing  
together scholars,  
practitioners and students  
from our area and  
around the world, who are  
called to the task.*

## **Instructions for Application for Admission**

1. **Fill out the application on the following two pages.** The first page asks for basic contact information and information about your educational experience. Please make sure that you sign and date the application on the bottom of that first page.

The second page asks for a short essay that will help us in advising you concerning our academic programs. If you need more than one page to write the essay, please feel free to add an extra page.

2. **Enclose payment for the application fee.** Please submit a check or money order made out to The John Leland Center for \$25.00. Or, you may fill out the credit card authorization form at the bottom of this page. Do not send cash! Applications not accompanied by the admissions fee will not be processed.

3. **Submit your application.** You may do this in one of three ways.

a) Mail it to: The John Leland Center for Theological Studies  
Office of Extension & Distance Education  
12716 Warwick Boulevard  
Newport News, VA 23606

b) Submit it to Site Program Director for your location. If you do not know who this is, refer to the list on the back page of this application packet or go to [www.johnlelandcenter.edu](http://www.johnlelandcenter.edu). This Web site has a list of all the Site Program Directors and their contact information.

c) Turn it in to your instructor the first night of class. Admissions are accepted in the diploma program right up through the first day of class. You will need to bring the completed application and a check, money order, or credit card authorization to turn in with the application. No cash will be accepted by the instructor!

✂ Cut



### **Authorization for Payment**

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

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

Card Type:     Visa             MasterCard             Amex             Discover

Card Number: 

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    Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \_\_\_\_\_

The John Leland Center for Theological Studies  
Office of Extension & Distance Education  
12716 Warwick Boulevard  
Newport News, VA 23602  
(757) 930-3159  
[www.johnlelandcenter.edu](http://www.johnlelandcenter.edu)



**CAMPUS LOCATION:**

- Arlington
- Hampton Roads
- Charlottesville
- Richmond
- RITE
- SW Virginia

# APPLICATION FOR ADMISSION

## DIPLOMA IN THEOLOGY

DATE: \_\_\_\_\_

### APPLICANT INFORMATION

**FULL LEGAL NAME:** \_\_\_\_\_

**U. S. SOCIAL SECURITY NUMBER:**

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**CURRENT ADDRESS:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**HOME PHONE:** ( ) \_\_\_\_\_

**WORK PHONE:** ( ) \_\_\_\_\_

**CELL PHONE:** ( ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**GENDER:**  MALE  
 FEMALE

**MARITAL STATUS:**  Single  
 Married  
Spouse Name: \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **ETHNICITY:** \_\_\_\_\_

**RELIGIOUS AFFILIATION:** \_\_\_\_\_

**NAME OF YOUR LOCAL CHURCH:** \_\_\_\_\_

## EDUCATIONAL BACKGROUND

**HIGH SCHOOL:** \_\_\_\_\_  
Name Location Year of Graduation

**GED OR EQUIVALENT:** \_\_\_\_\_  
Year Received

**COLLEGE OR OTHER STUDIES:**

\_\_\_\_\_  
Name Location Dates Attended

\_\_\_\_\_  
Name Location Dates Attended

\_\_\_\_\_  
Name Location Dates Attended

## PROFESSIONAL BACKGROUND

**WHAT IS YOUR CURRENT OCCUPATION?** \_\_\_\_\_

**ARE YOU CURRENTLY SERVING IN CHRISTIAN MINISTRY?**  YES  NO

**IF YES, WHAT POSITION?** \_\_\_\_\_

**WHERE?** \_\_\_\_\_

*I hereby certify that the information contained in this application is true and I acknowledge that I have been awarded a high school diploma, GED, or its equivalent.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For Internal Use Only:***

Date Rcvd: \_\_\_\_\_ Date Adm: \_\_\_\_\_ By: \_\_\_\_\_ Student ID #: \_\_\_\_\_

## **TELL US ABOUT YOUR GOALS**

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Please share with us how you believe God is leading you by addressing the following questions in 3-4 paragraphs (*although you may write more; feel free to add another page*):

- What are your personal goals for spiritual growth and ministry?
- What led you to consider The John Leland Center, specifically, as a place for your academic preparation?
- In what ways do you think The John Leland Center can help you accomplish your goals? Please be as specific as you can.