

ST VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY

575 Scarsdale Rd, Yonkers, NY 10707 • www.svots.edu • 914-961-8313 • fax 914-961-4507

Applicant's Name: _____

I. Degree Program

Intended program of study: *(check one only)*

- Doctor of Divinity (DMiv)
- Master of Divinity – Equivalency (MDiv-E)

II. Personal Essay

Please enclose a short essay (4-6 pages, typed and double-spaced) that answers the following:

1. Describe your current ministry and reflect on the greatest challenges you face in that ministry.
2. Explain why you believe this program will strengthen and enhance your ministry.
3. *DMin applicants*: provide a brief description of two possible topics for your final project. *MDiv-E applicants*: briefly describe two areas of ministry in which you are most interested in doing additional research.

III. Letters of Recommendation

Please list the names and contact information for your references. Please note that references from relatives are not acceptable.

Name	Phone/email
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Hierarch:

Chancellor, Dean or Supervisor:

Instructor, employer or colleague:

Instructor, employer, or colleague:

IV. External Review Committee

Since the objective of this program is to “enhance the practice of ministry” it is essential for the student to receive regular feedback from persons who **regularly interact with the student in his or her practice of ministry**. External Review Committee (ERC) members will periodically provide feedback to the student in areas of ministry that are related to the students’ work in the program. Feedback will be provided through various means such as brief surveys, interviews and conference calls. The time commitment for ERC members is approximately two hours per academic term. Please list the names and addresses of the members of your External Review Committee (ERC). Each member shall also complete the External Review Committee Member Agreement form included in this packet. In some cases, ERC members will also be references.

Name	Street Address	City	State	Zip	Phone
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Bishop, Dean, Chancellor or Supervisor:

Colleague 1:

Colleague 2:

Constituent 1:

Constituent 2:

Constituent 3:

Constituent 4:

V. Ministerial Experience

Applicants must have at least three years of experience in ministry subsequent to the first theological degree; and be currently serving in a position of ministry. Please list positions of ministry that you have held, beginning with your current position. Please also include significant unpaid work you have done or volunteer positions you have held, either within the Church or with some other agency (e.g. diocesan officer, missionary experience, etc.). Attach a separate sheet, if desired.

Employer, Church, or Agency	Address	Position Held/ Nature of Work	Dates of Service

Signature

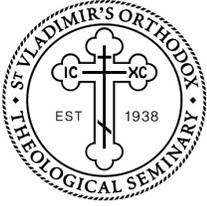
I have carefully reviewed each section of this application, and I certify that the information I have provided is accurate and complete to the best of my knowledge. I shall promptly amend the foregoing application should there be a change in any of the facts therein and shall notify St. Vladimir's Seminary Admissions of such changes as they occur.

I understand that St. Vladimir's Seminary reserves the right to conduct a background check, including, but not restricted to, a police background check. I also acknowledge that St. Vladimir's Seminary reserves the right to contact any or all of my references and to verify any of the claims made in this application or in the course of the application process.

I understand and agree that any false or misleading information or deliberate omission could be cause for denial of admission, rescission of admission offer, disciplinary action, dismissal, or revocation of degree if discovered at a later date. I agree to abide by the regulations governing academic affairs and student life at St. Vladimir's Seminary.

Signature

Date



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Blessing of Hierarchy

Instructions for the Applicant

After filling out this section, contact your hierarch to let him know that you would like his blessing to apply this program. We recommend that you ask your hierarch to complete this form, and that you also include a stamped, addressed envelope.

Applicant's Name: (please print or type) _____
Last First Middle initial

Home Parish: _____

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. _____
Applicant's Signature Date

I do not waive my right to examine this form. _____
Applicant's Signature Date

(Please indicate the program to which you are applying below.)

To the Hierarch:

The person named above is applying for admission to the

- Doctor of Ministry Program (DMin)
- Master of Divinity Equivalency Program (MDiv-E) at
St Vladimir's Orthodox Theological Seminary.

It is our policy that applicants must secure a hierarchical blessing before beginning studies. Please indicate your response to this applicant's desire to begin seminary studies:

- He/she: has my blessing.
 has my conditional blessing. (Please explain)
 does not have my blessing.

Hierarch's Signature

Date

If you would like to share with us your overall impression of this applicant's character, with particular consideration of his/her capability to engage in theological studies and to serve as a leader in the Church, please use the reverse of this form, attaching additional sheets if necessary.

When completed, please mail this form directly to:

The Director of Admissions, St Vladimir's Orthodox Theological Seminary
575 Scarsdale Road, Yonkers, NY 10707

Please share with us your principal impressions, both positive and negative, of this applicant's character.

How would you describe this applicant's emotional stability and social maturity? How is this person regarded by his/her peers and other associates?

In your judgment how capable is this person of working collaboratively with others? How easy are they to work with?

Do you believe that this person is capable of balancing their current pastoral work with doctoral studies?

Is this applicant an enthusiastic learner who accepts constructive critical feedback from others?

Please note any unusual circumstances, or outstanding qualities in this applicant, that the committee should take into consideration when evaluating his/her application.

Would you welcome this applicant as a retreat/seminar leader in your parish or place of ministry?

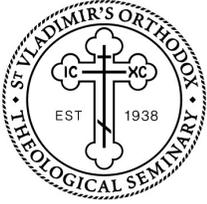
Very eagerly Gladly With some reservations No comment

Overall, this applicant's level of preparation for doctoral studies is:

Very eagerly Gladly With some reservations No comment

When completed, please mail this form directly to:

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Seminary 575 Scarsdale Road, Yonkers, NY 10707



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Recommendation from Instructor, Employer or Colleague

Instructions for the Applicant

Please fill out this section and give this form to an instructor or colleague who knows you well and can comment on your character and your preparedness for doctoral studies in the DMin program.

Applicant's Name: (please print or type) _____

Last *First* *Middle initial*

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. _____

Applicant's Signature *Date*

I do not waive my right to examine this form. _____

Applicant's Signature *Date*

(Please indicate the program to which you are applying below.)

To the Instructor, Employer, or Colleague:

The person named above is applying for admission to the

- Doctor of Ministry Program (DMin)
- Master of Divinity Equivalency Program (MDiv-E)

at St Vladimir's Orthodox Theological Seminary. The Committee on Admissions would appreciate your help in determining this candidate's ability to participate in doctoral studies. Please be frank in your comments, providing any insights you might have into this candidate's character, level of maturity, and/or abilities. Thank you for your assistance.

How long have you known the applicant? _____

How well do you know the applicant? _____

In what capacity have you been associated with the applicant? _____

Your Name: *(please print)* _____ Position and/or Title: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Please provide us with a sense of this person's level of preparation for seminary studies by evaluating him/her according to the following categories:

	Outstanding	Excellent	Average	Marginal	Poor	No Basis for Judgment
Intellectual ability						
Creativity						
General quality of work						
Quality of written expression						
Quality of oral expression						
Emotional maturity and stability						
Leadership ability						

How would you describe this person's work ethic?

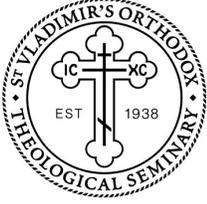
How is this person regarded by his/her peers and other associates? How does he/she interact with others?

What obstacles, if any, might impede this applicant's pursuit and completion of a seminary program?

Please note any unusual circumstances, or outstanding qualities in this applicant, that the committee should take into consideration when evaluating his/her application.

When completed, please mail this form directly to:

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External Review Committee Membership Agreement Form

(Applicant is to complete sections I, II & III)

I. Applicant's Name _____

II. Committee Member's Information (Please type or print.)

Name: _____
First Middle Last/Family Suffix

Address: _____
Street Address

City/Town State/Province/Country Zip/Postal Code

Home Phone: _____ Cell/Other Phone: _____

E-mail Address: _____

Relationship to Applicant (check one)

- Bishop, Dean, Chancellor or Supervisor
- Colleague
- Constituent

III. Committee Member's Church Information

Jurisdiction or other affiliation: _____

Parish: _____ Diocese: _____

The person named above is applying for admission to the Doctor of

- Ministry Program (DMin)
- Master of Divinity Equivalency Program (MDiv-E)

at St Vladimir's Orthodox Theological Seminary. These programs integrate academic work with pastoral practice in order to help participants achieve excellence in pastoral ministry. The External Review Committee (ERC) consists of supervisors, peers and constituents, who regularly work with the student in the context of ministry. As a member of the ERC you agree to provide critical feedback to the student during the course of the program. By providing feedback in various forms (brief surveys, interviews, conference calls etc.) you will provide extremely valuable feedback for the applicant, and will serve as an integral participant in the degree program. The normal time commitment for an ERC member is two to four hours per semester.

By signing this form, you agree to fulfill these responsibilities to the best of your ability.

Signature of Committee Member: _____