



This application is a fillable PDF that you can download. Upon completion, save the file and email it to [admissions@lpts.edu](mailto:admissions@lpts.edu) with "Application – Your Name" in the subject line.

1044 Alta Vista Road | Louisville KY 40205-1798  
800.264.1839 ext. 369 | 502.992.9369 | [admissions@lpts.edu](mailto:admissions@lpts.edu) | [www.lpts.edu](http://www.lpts.edu)

## APPLICATION FOR ADMISSION Master's Level Degree Programs

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

EXPECTED FALL ENTRANCE YEAR: \_\_\_\_\_

PREVIOUSLY APPLIED:  Yes If yes, what year? \_\_\_\_\_

### DEGREE PROGRAMS (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Master of Arts (Religion) – Bible (MAR)                    | <input type="checkbox"/> MDiv/MAMFT*                  |
| <input type="checkbox"/> Master of Arts (Religion) – General (MAR)                  | <input type="checkbox"/> MDiv/MAR*                    |
| <input type="checkbox"/> Master of Arts (Religion) – Religious Thought (MAR)        | <input type="checkbox"/> MAR/MAMFT*                   |
| <input type="checkbox"/> Master of Arts in Marriage and Family Therapy (MAMFT)      | <input type="checkbox"/> MDiv/Juris Doctor (JD)**     |
| <input type="checkbox"/> Master of Divinity (MDIV)                                  | <input type="checkbox"/> MDiv/M. Bus. Adm. (MBA)**    |
|   | <input type="checkbox"/> MDiv/M.S. Soc. Work (MSSW)** |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Half Time (See Catalog) |   |

*\*Applicants must apply separately to each program.*

*\*\*The JD, MBA, or MSSW dual degree programs are offered in partnership with the University of Louisville, and applicants must apply separately and directly to the University of Louisville. Please visit [www.louisville.edu](http://www.louisville.edu) for more information.*

### DEMOGRAPHICS

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

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Denomination/Church/Religious Affiliation: \_\_\_\_\_

U.S. Citizen:  Yes  No

If "No," U.S. Permanent Resident?:  Yes  No

**CURRENT ADDRESS:**

\_\_\_\_\_ *address* \_\_\_\_\_  
\_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip* \_\_\_\_\_ *country* \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Mobile  Work

Primary Email: \_\_\_\_\_

**PERMANENT/HOME ADDRESS:**

Same as current address

\_\_\_\_\_ *address* \_\_\_\_\_  
\_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip* \_\_\_\_\_ *country* \_\_\_\_\_

**EDUCATION**

Please list all **colleges and universities** attended for both undergraduate and graduate study:

_____ <i>name</i> _____	_____ <i>location</i> _____
_____ <i>dates (from/to)</i> _____	_____ <i>degree and date received</i> _____
_____ <i>name</i> _____	_____ <i>location</i> _____
_____ <i>dates (from/to)</i> _____	_____ <i>degree and date received</i> _____
_____ <i>name</i> _____	_____ <i>location</i> _____
_____ <i>dates (from/to)</i> _____	_____ <i>degree and date received</i> _____
_____ <i>name</i> _____	_____ <i>location</i> _____
_____ <i>dates (from/to)</i> _____	_____ <i>degree and date received</i> _____

Please list any **theological schools** attended: *Note: If you are transferring from a seminary or divinity school, please arrange for a letter of good standing to be sent by the Academic Dean of your present school. Your application is considered complete only when it is on file.*

_____ <i>name</i> _____	_____ <i>location</i> _____
_____ <i>dates (from/to)</i> _____	_____ <i>degree and date received</i> _____
_____ <i>name</i> _____	_____ <i>location</i> _____
_____ <i>dates (from/to)</i> _____	_____ <i>degree and date received</i> _____



## MASTER of DIVINITY and MASTER of ARTS (RELIGION) APPLICANTS

List your three recommenders below. It is your responsibility to contact your recommenders and ask them to submit a reference. Recommenders should not be related to the applicant.

**Pastoral Reference:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Academic Reference:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Personal/Professional Reference:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## MASTER of ARTS in MARRIAGE and FAMILY THERAPY APPLICANTS

List your three recommenders below. It is your responsibility to contact your recommenders and ask them to submit a reference. Recommenders should not be related to the applicant.

**Academic Reference:** \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Two people who know your work or your potential in the field and who can comment on your readiness to pursue studies:

**Additional Reference:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Additional Reference:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

## ADDITIONAL INFORMATION

### Church Information:

Name of home congregation: \_\_\_\_\_

City and State: \_\_\_\_\_

How long have you been a member or affiliate?: \_\_\_\_\_

Pastor: \_\_\_\_\_

Presbytery or other governing/ordination body (if applicable): \_\_\_\_\_

*By verifying the application, I give permission to the Office of Admissions and the members of the Admissions Committee to contact my pastor named above about the content and status of my application.*

### Family Information:

Married?  Yes  No

Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Dependent(s)' Names and ages: \_\_\_\_\_

### Housing and Financial Aid Information:

Will you be applying for on-campus housing?  Yes  No

If "Yes," check one:  Single housing  Family Housing

Will you be applying for financial aid?  Yes  No

What educational debt will you have when you enter seminary? \$\_\_\_\_\_

What plans have you made to help finance the expenses related to attending seminary?

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### Other Information:

How did you hear about Louisville Seminary?

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Have you visited the campus?  Yes  No

If you have visited, with whom and when?

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To what other theological schools or graduate programs have you applied?

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Please read the statement below and verify the validity of your application. You may save this portion of your application and submit it to us. Your application file will not be complete and will not be considered by the Admissions Committee until you submit answers to all the essay questions, complete the background check with CastleBranch.com and pay your application fee.

### Verification of Entire Application:

I hereby acknowledge that the contents of this form and the status of my application may be shared with any and all persons listed hereon as pastoral, professional, personal, and academic references. I certify that the foregoing statements and all other information and transcripts submitted by me in connection with the application or admission is true and correct to the best of my knowledge. I understand that falsification or omission of information is grounds for rejection of the application or dismissal from the Seminary.

SIGNATURE         /e/ \_\_\_\_\_ DATE \_\_\_\_\_

## ESSAYS

Please submit answers to all the questions for your degree program. Dual degree applicants should complete the essays for one degree and make a separate application to the second degree at another time. You will find the essay prompts by following this link:

<https://www.lpts.edu/academics/masters/#prompts>

## APPLICATION FEES

Please submit your MDiv/MAR/MAMFT application fees using the following link:

<https://co.clickandpledge.com/advanced/default.aspx?wid=64184>

## BACKGROUND CHECK

Like many other theological institutions, Louisville Seminary requires background checks for all applicants to our degree programs. This policy has been adopted to address the safety and well-being both of our Seminary community and of the churches, agencies, and other institutions that our students serve. The Admissions Committee may consider the impact of any offenses disclosed in these checks as possible grounds for denial of admission.

### About CastleBranch.com

CastleBranch.com is a service that allows students to order their own background checks online. Information collected through CastleBranch.com is secure, tamper-proof, and kept confidential. The services performed are based on guidelines provided by Louisville Seminary, so you know you will receive all the information you need from one source. Your results will be posted on the CastleBranch.com website where you as well as the seminary can view them.

### Required Personal Information

- In addition to entering your full name and date of birth, you will be asked for your social security number, current address, phone number and email address.

### Payment Information

- At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in an additional \$10 fee and increased turnaround time.

Go to: [www.CastleBranch.com](http://www.CastleBranch.com), click on “**Students**” and enter package code: **LB88**

After placing your order on CastleBranch.com, you will receive a confirmation email that will contain the password needed to access your results and view any missing information required to process your order. The Admissions office at Louisville Seminary will also securely view your results online with our unique username and password.

**For PC(USA) applications only** – If you are also applying to any of these PC(USA) seminaries, you only have to submit one background request form and fee: Pittsburgh, Union (Richmond or Charlotte campus), Dubuque, or Austin. Be sure to provide access rights to each of the PC(USA) seminaries for which you are applying.