APPLICATION FOR ACCELERATED PASTORAL MINISTRIES PROGRAM
APPLICANT CHECKLIST

This checklist is designed to assist you in applying for admission to the Accelerated Pastoral Ministries Program (APMP). All items on this checklist must be submitted and received in the Office of Admissions by the application deadline.

**Early Admission Application Deadline:** February 1

**Final Application Deadline:** May 15

Application Instructions

- Send completed application, including all required elements, to:
  
  Undergraduate Admissions Office  
  Dover Campus Center  
  P.O. Box 7307  
  Boiling Springs, NC 28017

- Student must be accepted to the University prior to acceptance to the Accelerated Pastoral Ministries Program
- Incomplete applications will not be reviewed

Minimum Criteria for Admission

- Minimum 3.25 GPA in high school
- Minimum ACT score of 24
- Minimum SAT score of 1100 (Critical Reading and Math)
- A rank in the top 25% of the high school graduating class
- A stated and demonstrated commitment to Pastoral ministry

Required Application Documents

- Application form
- A written statement of calling
- An interview with the APMP program director
- Pastor/Youth Minister Reference Form
- Academic Reference Form (optional)
- Personal Reference Form (optional)

To obtain additional information on these requirements, international applicants should contact the Office of Admissions at tcoker@gardner-webb.edu or 704.406.2078.

Mail application to: Undergraduate Admissions Office, Dover Campus Center  
P.O. Box 7307, Boiling Springs, NC 28017
PERSONAL RECORD

Legal First Name ________________________________________________________________

Legal Middle/Maiden Name _______________________________________________________

Legal Last Name ________________________________________________________________

Alternative Name ______________________________________________________________

Address ________________________ Street __________  Apt./Number ________________

_____________________________________________________________________________

City __________________________ State ________ Zip _____________________________

Current Phone __________________________ Mobile Phone _________________________

Email Address ________________________________________________________________

International Student  ❑ Yes  ❑ No

Date of Birth ___ /___ /______

The optional information requested in this portion of the application for admission is voluntary and will not be used in a discriminatory manner.

Birthdate ___ /___ /______  Gender:  ❑ Male  ❑ Female  Marital Status ________________

Ethnicity (Please select one or more entries.)  ❑ African American  ❑ American Indian/Alaskan Native
❑ Caucasian  ❑ Hispanic  ❑ Latino/Latina  ❑ Native Hawaiian or Pacific Islander

Country of Citizenship ________________________________

If not a U.S. citizen, what is your visa type?

Veteran of Military Service  ❑ Yes  ❑ No  Eligible for Veteran’s Benefits  ❑ Yes  ❑ No
CHURCH INFORMATION

Church Membership ____________________________________________

Name ________________________________ Location __________________________

Denominational Affiliation (Provide full, official name) __________________________________________________

For example: If you are a Baptist, please specify American Baptist, Cooperative Baptist Fellowship, Free Will Baptist, Independent Baptist, Missionary Baptist, National Baptist, Primitive Baptist, Progressive Baptist, Reformed Baptist, Southern Baptist Convention or other.

References

Please list the names of persons whom you have selected to serve as references for application for admission. All applications must include three references: Pastor/Youth Minister, Academic (optional) and Personal (optional).

Pastor/Youth Minister ______________________________________________________

Academic (optional) _______________________________________________________

Personal (optional) ________________________________________________________

Have you ever been dismissed, suspended, or placed on probation at any school?  □ Yes  □ No
If yes, please attach a statement of the details.

Have you ever been convicted, paid a fine or in any way admitted guilt for a criminal or dishonest act, other than a minor traffic violation?  □ Yes  □ No
If yes, please attach a statement of the details.

Are there any criminal charges pending against you?  □ Yes  □ No
If yes, please attach a statement of the details.
EDUCATIONAL BACKGROUND

High School  _____________________________________________________________________________________
Address  _________________________________________________________________________________________
Dates Attended  _________________ Graduation Date/Anticipated Graduation Date  _____________________

High School  _____________________________________________________________________________________
Address  _________________________________________________________________________________________
Dates Attended  _________________ Graduation Date/Anticipated Graduation Date  _____________________

College/University/Professional Schools

Name  __________________________________________________________________________________________
Address  _________________________________________________________________________________________
Dates Attended  _________________ Graduation Date/Anticipated Graduation Date  _____________________
Degree Conferred ______________________________ Number of Credits  ________________________________

Name  __________________________________________________________________________________________
Address  _________________________________________________________________________________________
Dates Attended  _________________ Graduation Date/Anticipated Graduation Date  _____________________
Degree Conferred ______________________________ Number of Credits  ________________________________

Are you currently enrolled at GWU?  ❑ Yes  ❑ No
Are you currently enrolled in another college/university?  ❑ Yes  ❑ No

Please indicate if you have taken/are taking AP classes and the score received.

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<thead>
<tr>
<th>COURSE</th>
<th>SCORE</th>
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ESSAY

Please write your Statement of Calling.

- The Statement of Calling should address the applicant’s Christian journey, the applicant’s call to ministry, the applicant's church involvement and what the applicant hopes to gain from her/his degrees at Gardner-Webb University. The Statement of Calling should be 3-4 typed, double-spaced pages in Times New Roman 12 point font. The applicant should pay careful attention to writing style.

I certify that I have given full and complete information in this application and have listed each high school and/or college I have attended.

Signature_____________________________________________________________ Date ______________________

Gardner-Webb University complies with applicable laws prohibiting discrimination, including applicable provisions and amendments to Titles VI and VII of the Civil Rights Act of 1964, The Age Discrimination in Employment Act, Executive Order 11246, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, The Vietnam Era Veterans Readjustment Assistance Act, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, and does not unlawfully discriminate on the basis of race, national origin, sex, age, disability, genetic information, or veteran status in admission or access to, or treatment or employment in, its programs and services.

This form, essay, and reference form(s) should be returned to:

Admission Counselor of APMP
Undergraduate Admissions Office
Dover Campus Center
P.O. Box 7307
Boiling Springs, NC 28017

The Bachelor of Arts in Religious Studies degree is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. The School of Divinity's M.Div. and D.Min. degrees are accredited by the Commission on Accrediting of the Association of Theological Schools, 10 Summit Park Drive, Pittsburgh, PA 15275. Phone: 412-788-6505. Website: www.ats.edu.

Upon request, this publication can be made available in an alternate format.
Please make a request by calling 704-406-2078 or emailing tcoker@gardner-webb.edu.
PASTOR/YOUTH PASTOR REFERENCE FORM
Fax (704) 406-4488 | gardner-webb.edu

Name of Applicant  ________________________________________________________________________________
Last                                                          First                                                          Middle
Address  __________________________________________________________________________________________
Street                                     Apt. /Number
__________________________________________________________________________________________________
City                                                                     State                                                      Zip
Phone ________________________________  Email Address  _____________________________________________
Anticipated Enrollment:  Fall _______

To the Applicant: The Family Educational Rights and Privacy Act of 1974 gives students a right to inspect and
review their educational records. This includes the right to read specific confidential statements and letters of
reference. You may waive this right. Please indicate your decision to waive or not waive the right by checking
the appropriate statement and signing your name on the line below.

1. I waive the right to examine this reference form.
2. I do not waive the right to examine this reference form.

Applicant’s Signature_____________________________________________________ Date  ____________________

To the Respondent: The person named above is applying for admission to the Accelerated Pastoral Ministries
Program at Gardner-Webb University. The Admissions Committee would appreciate your candid and detailed
assessment of the applicant’s qualifications, academic abilities, and potential. Please complete this form and
return it to the APMP at Gardner-Webb University.

Respondent’s Name  _______________________________________________________________________________
Address  __________________________________________________________________________________________

Phone Number (        )_______________________________ Email Address  __________________________________
Job Title  _________________________________________________________________________________________
Organization ______________________________________________________________________________________

What is your relationship to the applicant?  ____________________________________________________________

How long have you known the applicant?  _____________________________________________________________
Please evaluate the applicant in the following areas.

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<th>Superior</th>
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Do you recommend this person for admission? □ Yes □ No

If yes, please circle one:

- With Enthusiasm
- With Confidence
- With Reservation
- Do Not Recommend

Please use the space below to share in your own words a full and candid evaluation of the applicant. If you are providing an academic reference, please comment on the applicant’s intellectual abilities and accomplishments. If you are providing a general reference, please comment on the applicant’s maturity, social sensitivity, interpersonal skills, limitations, and ability to thrive in graduate work and ministry. You may submit your statement on a separate page.

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If further questions regarding the applicant arise, may the Director of Admissions contact you by phone?  □ Yes □ No

Signature _________________________________________________________ Date __________________________

Thank you for your thoughtful consideration. Please return your form to:

UNDERGRADUATE ADMISSIONS OFFICE
DOVER CAMPUS CENTER
P.O. BOX 7307
BOILING SPRINGS, NC 28017
Name of Applicant ____________________________________________
Last                                                          First                                                          Middle

Address _______________________________________________________
Street                                     Apt. /Number
__________________________________________________________________________________________________
City                                                                     State                                                      Zip

Phone ________________________________  Email Address  _____________________________________________

Anticipated Enrollment:  Fall ______

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   - Yes
   - No

Signature _________________________ Date _________________________

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UNDERGRADUATE ADMISSIONS OFFICE
DOVER CAMPUS CENTER
P.O. BOX 7307
BOILING SPRINGS, NC 28017
PERSONAL REFERENCE FORM
(Optional)

Name of Applicant _________________________________________________________________________________
Last                                                          First                                                          Middle
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