

**INTENT TO APPLY**  
TO  
**CENTRAL BAPTIST THEOLOGICAL SEMINARY OF VIRGINIA BEACH**

I have received my application packet, and I intend to complete and return it.

I plan to enroll for the following term:

\_\_\_\_\_ Summer 2012  
\_\_\_\_\_ Fall 2012  
\_\_\_\_\_ Spring 2013  
\_\_\_\_\_ Other \_\_\_\_\_

I plan to enroll in the following program:

\_\_\_\_\_ Master of Biblical Studies (MBS)  
\_\_\_\_\_ Master of Biblical Studies Online (MBS)  
\_\_\_\_\_ Master of Biblical Studies for Chaplaincy (MBSC)  
\_\_\_\_\_ Master of Divinity (MDiv)  
\_\_\_\_\_ Master of Theology (ThM)  
\_\_\_\_\_ Audit  
\_\_\_\_\_ Special

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

# Central Baptist Theological Seminary of Virginia Beach

APPLICATION FOR ADMISSION

Date of Application: \_\_\_\_\_ Date Expected to Enter Seminary: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ V.A. File Number (if applicable): \_\_\_\_\_

Legal Name: \_\_\_\_\_

Last

First

Middle

Preferred First Name (if different than above): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_

Marital Status (please circle one):      Single      Engaged      Married      Widowed      Divorced

(For former marriage of self or spouse, give particulars.)

If married, list spouse's name and name(s) and age(s) of children: (Spouse): \_\_\_\_\_

(Child): \_\_\_\_\_ (Child): \_\_\_\_\_

(Child): \_\_\_\_\_ (Child): \_\_\_\_\_

Parents (or persons to be notified in an emergency): \_\_\_\_\_

Name: \_\_\_\_\_ Are parents Christians? \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Members of what church? \_\_\_\_\_

## Church Relationships

Date and place where you were saved: \_\_\_\_\_

Of which church are you a member? \_\_\_\_\_

Are you ordained? \_\_\_\_\_ When? \_\_\_\_\_ By whom? \_\_\_\_\_

## Previous Education

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

Dates attended: \_\_\_\_\_ Date graduated: \_\_\_\_\_ Degree Program: \_\_\_\_\_

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

Dates attended: \_\_\_\_\_ Date graduated: \_\_\_\_\_ Degree Program: \_\_\_\_\_

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

Dates attended: \_\_\_\_\_ Date graduated: \_\_\_\_\_ Degree Program: \_\_\_\_\_

If you have been, or are now, in a post-college course of study, are you in good standing and acceptable at that school? \_\_\_\_\_

If no, give a detailed explanation on a *separate sheet of paper*. If no college work was undertaken, list the high school(s) attended.

Conversion and Call: Write a one page account of your conversion and call to the ministry. Please submit it with your application.

PLEASE  
ATTACH  
A RECENT  
PHOTO

Christian Service: Please write one page describing your opportunities of service, experience, and ministry to the body of Christ and include it with your application.

For what type of work do you believe the Lord would have you train? \_\_\_\_\_

In what program and for what degree do you plan to study at CBTS? \_\_\_\_\_

List any special attainments or accomplishments (literary, leadership, musical, etc.): \_\_\_\_\_

Signature of Applicant:

By signing this application, the applicant agrees to abide by the policies of the Seminary if accepted as a student, and willingly uphold the spirit and intent of all student life expectations and the student code of conduct. CBTS does not discriminate on the basis of race, color, national or ethnic origin in regard to its educational policies, admissions procedures, and scholarship programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### APPLICANT'S CHECKLIST

I have completed and sent the following to its appropriate location:

- \_\_\_\_\_ Intent to Apply (Send to Central)
- \_\_\_\_\_ Application for Admission (Send to Central)
- \_\_\_\_\_ Recent Photograph (attached to page 1; Send to Central)
- \_\_\_\_\_ \$45 Application Fee (non-refundable and must accompany application; Send to Central)
- \_\_\_\_\_ Conversion and Call Statement (Send to Central)
- \_\_\_\_\_ Christian Service Statement (Send to Central)
- \_\_\_\_\_ GRE Scores (if available) (Send to Central)
- \_\_\_\_\_ Four completed reference forms (Provided to each reference with an envelope addressed to Central)
- \_\_\_\_\_ Church Endorsement Home (Not required if licensed or ordained; Submit to church official)
- \_\_\_\_\_ Transcript Requests for each of the post-high school institutions you have attended. Diploma students should request a high school diploma or GED record if no college work was completed (Submit to University or Seminary)
- \_\_\_\_\_ Interview

A personal interview with the Academic Dean and the President of CBTS is an integral part of the application process. Please list below three dates and times which would be convenient for you to schedule this interview.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### Return Application to:

Office of the Registrar  
Central Baptist Theological Seminary  
2221 Centerville Turnpike  
Virginia Beach, VA 23464  
Phone: (757) 479-3706  
Fax: (757) 479-4232  
Info@baptistseminary.edu

# PASTORAL REFERENCE

**To the Applicant:** Please complete the top portion and give the form to your reference. Please provide your reference with a stamped envelope addressed to: Central Baptist Theological Seminary of Virginia Beach, 2221 Centerville Turnpike, Virginia Beach, VA 23464

Applicant: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please sign only one of the following:

I willingly waive my right of access to see this recommendation knowing that this waiver is not considered as a condition for acceptance.

I wish to retain my right of access to see this recommendation knowing that this right will not affect my acceptance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

**To the Reference:** The applicant has given your name as a reference. The Admissions Committee needs to gather as much information as possible in order to determine this student's fitness for pursuing graduate study.

Please indicate your associations or contacts with the applicant which serve as the basis for your impressions of him or her as a prospective student.

- \_\_\_\_\_ I am not in a position to express an opinion
- \_\_\_\_\_ I have known the applicant for \_\_\_\_ years.
- \_\_\_\_\_ I have observed the applicant's service in the church
- \_\_\_\_\_ I have had only casual contacts with the applicant
- \_\_\_\_\_ The applicant has been a member of my classes

## AREAS OF COMPETENCY

Please indicate by a letter your opinion of the applicant with regard to the trait mentioned, as compared with other students you have known, or whose work you have observed.

P - Poor      A - Average      G - Good      S - Superior      N - Not able to judge

### CLARITY OF GOALS

- \_\_\_\_\_ Demonstrates clear-cut and worthy ministry goals?
- \_\_\_\_\_ Has a clear sense of direction in pursuit of goals?
- \_\_\_\_\_ Has the support of his or her spouse?

### SKILL IN COMMUNICATION

- \_\_\_\_\_ Speaks clearly and effectively?
- \_\_\_\_\_ Expresses ideas clearly in writing?
- \_\_\_\_\_ Interprets others' ideas accurately and effectively?

### INDUSTRY

- \_\_\_\_\_ Demonstrates the effort necessary to achieve goals?
- \_\_\_\_\_ Expend effort and energy wisely?

### ABILITY TO FACE REALITY

- \_\_\_\_\_ Foresees and face problems realistically and objectively?
- \_\_\_\_\_ Approaches problems in a constructive manner?
- \_\_\_\_\_ Accepts well-meant criticism and use it constructively?

### ABILITY TO THINK CRITICALLY

- \_\_\_\_\_ Shows insight in identifying problems?
- \_\_\_\_\_ Selects and utilize relevant resources in solving problems?
- \_\_\_\_\_ Shows responsibility in money matters (credit management, etc.)?

### INTERPERSONAL RELATIONSHIPS

- \_\_\_\_\_ Participates willingly and effectively as a member of a group?
- \_\_\_\_\_ Recognizes and accomplishes tasks which need to be done?

### GENERAL IMPRESSION

- \_\_\_\_\_ Generally acceptable in social appearance?
- \_\_\_\_\_ Socially acceptable in personal habits?
- \_\_\_\_\_ Well accepted by associates?
- \_\_\_\_\_ Possessed of a wholesome attitude toward others?

PERSONAL AND INTELLECTUAL INTEGRITY

- \_\_\_\_\_ Appraises strengths and weaknesses objectively and accurately?
- \_\_\_\_\_ Represents himself or herself honestly?
- \_\_\_\_\_ Pursues goals ethically and conscientiously?

EVALUATION OF SPOUSE

- \_\_\_\_\_ Is the spouse suited to be a helper in the ministry?
- \_\_\_\_\_ Are there particular problems with the spouse that would be a hindrance to the ministry?

GENERAL EVALUATION

What is your overall evaluation of the applicant?

What potential do you see for effectiveness in ministry?

What areas in the applicant's life need improvement?

PLEASE CHECK ONE

- \_\_\_\_\_ Applicant should be accepted
- \_\_\_\_\_ Applicant should probably be discouraged
- \_\_\_\_\_ Applicant should not be accepted

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

Name Printed: \_\_\_\_\_

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

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

RETURN TO:

Office of the Registrar  
Central Baptist Theological Seminary  
2221 Centerville Turnpike  
Virginia Beach, Virginia 23464  
Phone: (757) 479-3706  
Fax: (757) 479-4232

# CHRISTIAN FRIEND REFERENCE

**To the Applicant:** Please complete the top portion and give the form to your reference. Please provide your reference with a stamped envelope addressed to: Central Baptist Theological Seminary of Virginia Beach, 2221 Centerville Turnpike, Virginia Beach, VA 23464

Applicant: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please sign only one of the following:

I willingly waive my right of access to see this recommendation knowing that this waiver is not considered as a condition for acceptance.

I wish to retain my right of access to see this recommendation knowing that this right will not affect my acceptance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

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Please indicate your associations or contacts with the applicant which serve as the basis for your impressions of him or her as a prospective student.

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- \_\_\_\_\_ I have known the applicant for \_\_\_\_ years.
- \_\_\_\_\_ I have observed the applicant's service in the church
- \_\_\_\_\_ I have had only casual contacts with the applicant
- \_\_\_\_\_ The applicant has been a member of my classes

## AREAS OF COMPETENCY

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P - Poor      A - Average      G - Good      S - Superior      N - Not able to judge

### CLARITY OF GOALS

- \_\_\_\_\_ Demonstrates clear-cut and worthy ministry goals?
- \_\_\_\_\_ Has a clear sense of direction in pursuit of goals?
- \_\_\_\_\_ Has the support of his or her spouse?

### SKILL IN COMMUNICATION

- \_\_\_\_\_ Speaks clearly and effectively?
- \_\_\_\_\_ Expresses ideas clearly in writing?
- \_\_\_\_\_ Interprets others' ideas accurately and effectively?

### INDUSTRY

- \_\_\_\_\_ Demonstrates the effort necessary to achieve goals?
- \_\_\_\_\_ Expend effort and energy wisely?

### ABILITY TO FACE REALITY

- \_\_\_\_\_ Foresees and face problems realistically and objectively?
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### ABILITY TO THINK CRITICALLY

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 Virginia Beach, Virginia 23464  
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 Fax: (757) 479-4232

## BUSINESS REFERENCE

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# ACADEMIC / PROFESSOR REFERENCE

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Applicant: \_\_\_\_\_  
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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

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Please indicate your associations or contacts with the applicant which serve as the basis for your impressions of him or her as a prospective student.

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- \_\_\_\_\_ I have had only casual contacts with the applicant
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Name Printed: \_\_\_\_\_

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

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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## CHURCH ENDORSEMENT POLICY

### *The Necessity of Church Endorsement*

As a church based theological seminary Central Baptist Theological Seminary of Virginia Beach is a servant of the overall goals and mission of the local church (Matt 28:19-20; 2 Tim 2:2). Central is not merely a degree granting academy; however, we are eager to train the highest quality candidate from local churches for the purpose of sharpening their focus and skills on evangelism, the Text, the local church, and a grace philosophy of ministry. In the larger body of Christ, Central Seminary was organized as an independent Baptist seminary to train men and women for ministry in independent Baptist churches with a dispensational hermeneutic.

Prospective seminary students must be endorsed by their local church to be eligible for study at the seminary. The concept of church endorsement is based upon a collection of biblical principles that give the local church place and priority in New Testament ministry and ministry preparation (Acts 13:1-5; Ephesians 4).

When a church endorses a student for theological study the church is affirming the fitness of the prospective student for ministry preparation. In other words, the church and its leadership discern character qualities (1 Timothy 3; Titus 1), perhaps in incipient form, that are essential for ministry. These character qualities are the result of a submission to the Holy Spirit of God, a life of high moral standards, and a genuine appetite for spiritual truth. In order for the church to offer this kind of endorsement, the church should have a history of personal involvement with the prospective student, which, must in this case be a minimum of six months.

Second, when a church endorses a student it is affirming the doctrinal integrity of the prospective student for ministry preparation. At this point in the student's life the local church and the student must embrace in good conscience the Tri-unity of God, the deity of Christ, salvation by faith alone based upon the finished work of Christ, the death, burial, and bodily resurrection of Jesus Christ, the inspiration, inerrancy, and sufficiency of the Scriptures, and the literal return of Jesus Christ.

Third, when a church endorses a student it is affirming that it will remain as actively involved as possible in the academic and spiritual life of the student.

Fourth, when a church endorses a student it is acknowledging the missional objectives of the seminary and it is expressing a willingness to support those objectives during the student's enrollment.

### *Church Endorsement Policies*

In the event that a student does not have an endorsing church and because of CBTS's commitment to the primacy of the local church, the student has two options.

1. The student could join a local church in the area of his current residence and serve there for six months, secure a church endorsement, and then make application to seminary.
2. The student could move to the Virginia Beach area and join Colonial Baptist Church of Virginia Beach. After six months the student may request a church endorsement and then make application to seminary. Since special situations may merit consideration, the prospective student can appeal to the Seminary Dean who will consult with the Admissions Committee (President, Academic Dean, Faculty Member, and Executive Committee of the Seminary Board).

Once the student is accepted and enrolled in a program at Central he or she will have one semester to join a local church. Students will report local church membership and ministry involvement to their faculty advisor annually in keeping with the Field Ministry guidelines.

In the event that a current student chooses to join a church whose doctrine and practice differs from the endorsing church the student must take the following steps.

1. The student must consult with his endorsing church and secure in writing approval for the desired church affiliation. The letter approving the membership situation must come from the pastor and the leadership of the endorsing church.
2. If the endorsing church is unwilling to approve of the student's desired church affiliation the church could release the student from the accountability of the endorsement. A letter of release must be issued by the pastor and the church leadership and included in the student's file.
3. Once the student is released from the accountability of his endorsing church, the student must secure a new church endorsement in accord with the endorsement concept and policy. Students will not be permitted to register for classes for six months until the church endorsement process is completed.

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### CHURCH ENDORSEMENT

**Applicant:**

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for acceptance.

Applicant Signature: \_\_\_\_\_ Please print or type your name: \_\_\_\_\_

**Church Official:**

Please read the attached church endorsement policy before completing the following section:

At a meeting of \_\_\_\_\_ Church, in the city of \_\_\_\_\_

held this date of \_\_\_\_\_ the church (or board) endorsed the above member by vote as a

candidate for training for Christian ministry. The church (or Board) believes this candidate to be a true Christian; spiritually, morally, and intellectually equipped for Christian ministry.

Church Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Office of the Registrar

Central Baptist Theological Seminary of Virginia Beach

2221 Centerville Turnpike

Virginia Beach, VA 23464

Phone: (757) 479-3706

Fax: (757) 479-4232

E-mail: [info@baptistseminary.edu](mailto:info@baptistseminary.edu)

# TRANSCRIPT REQUEST FORM FOR SEMINARY AND COLLEGE RECORDS

Complete both Part I and Part II and mail to the school from which you are requesting records.

## PART I

### STUDENT REQUESTING TRANSCRIPT:

Student ID / SSN: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Last**

**First**

**Middle/Maiden**

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If no, what is the date of the last semester you attended? \_\_\_\_\_

To the Registrar:

\_\_\_\_\_  
Complete name of college, university or seminary

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please send a copy of my transcript to the following:

Office of the Registrar  
Central Baptist Theological Seminary of Virginia Beach  
2221 Centerville Turnpike  
Virginia Beach, VA 23464  
Phone: (757) 479-3706  
Fax: (757) 479-4232  
E-mail: [info@baptistseminary.edu](mailto:info@baptistseminary.edu)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II

College or seminary should detach PART II of this form and attach it to the official transcript to be sent to Central Baptist Theological Seminary of Virginia Beach.

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

Last

First

Middle/Maiden

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

I have applied to Central for the: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_