



# Academy of Christian Training and Service

## Registration Form Pastoral Leadership Preaching



## STUDENT APPLICATION

Fill in all (3) pages of form and return to Dean of Academics, being sure to check the desired courses on the Course Choices sheet. Obtain admissions criteria from the Dean of Advancement if not included with this form. Thank you.

### 1. PERSONAL

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_

Phone: home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Referred by: \_\_\_\_\_ email address: \_\_\_\_\_

\_\_\_\_\_

### 2. CHURCH MEMBERSHIP

Church/Association: \_\_\_\_\_ Pastor: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP+ 4 \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Denomination of Membership \_\_\_\_\_

\_\_\_\_\_

Church \_\_\_\_\_

Position(s)/Involvement: \_\_\_\_\_

### 3. PROGRAM TRACK SELECTION

I wish to be considered for admission into the following course of study:

Certified Lay Minister Preparation

(Complete all 10 courses, plus mentoring/supervised ministry)

yes  no I'm at least 21 years of age.

Diploma in Christian Studies (complete all 10 courses)



- \_\_\_ Personal Enrichment (occasional course selections)
- \_\_\_ Continuing Education Credit (for professional church leaders, active, inactive or retired)
- \_\_\_ Auditing a Class (may take any of the (10) classes, but will not receive credit). See tuition cost under 4, D.

Note: Students admitted Mid-Program are advised that changes in the sequence of classes may be made in the academic calendar. Such changes will likely extend your completion date. Courses are offered once every two years. If you do not select both courses each term, you will prolong the time it takes to complete the program beyond two years.

#### 4. FEES AND TUITION

- a. Make all checks payable to “ACTS”.
  - b. Registration fee: \$25.00 **one-time, non refundable fee must accompany this form.**
    - a. (No need to pay this, if you have registered before)
    - b. Tuition: \$225 per course, payable on or before the first class session.
    - c. Tuition ½ tuition per course for Auditing a Class.
    - d. Late fee: \$10.00 will be assessed for applications received any later than the due date
    - e. Mentor fee: \$100 each year in the program, for Certified Lay Minister Preparation students only. Payable at the time a mentor is assigned.
    - f. Books: Approximately \$40.00 per course varies.
    - g. After a student has explored scholarship opportunities through their local church, they may under exceptional circumstances be granted a scholarship through ACTS Scholarship assistance may be considered for all American Baptist students, regardless of program track selected. An application for Scholarship Assistance can be obtained from a Dean and must be received at least two weeks prior to the beginning of each term. Applications must be made separately for each term. After the application is returned to the Dean, the council will review the application and the student will be notified of the amount of scholarship given.
- 5 **ADDITIONAL FORMS REQUIRED:** Certified Lay Minister Preparation Students need to submit a Letter of Support from their church of membership, three letters of personal recommendation and copies of Criminal Record Check and PA Child Abuse History Clearance to be kept in the student’s permanent file. Diploma in Christian Studies students need to submit a Letter of Support from their church of membership and a copy of a Criminal Record Check and PA Child Abuse History Clearance to be kept in the student’s permanent file.



**6 TERM YOU WISH TO BEGIN TAKING CLASSES:**

     **Fall 2018**

Please answer all of the following questions completely:

- a. Marital Status (circle one)                      Single                      Married                      Other
- b. Name of spouse or contact person in case of emergency: \_\_\_\_\_
- c. Telephone No.  
\_\_\_\_\_
- d. Your occupation:  
\_\_\_\_\_
- e. Name and location of High School you graduated from:  
\_\_\_\_\_
- f. Date of graduation \_\_\_\_\_
- g. Have you ever been convicted of a crime other than a minor traffic violation,
- h. Are criminal charges pending against you?    \_\_\_\_\_ yes \_\_\_\_\_ no

**8. Essay questions (NEW STUDENTS ONLY)**

The ACTS courses require a significant amount of writing. The purpose of answering the questions below is to review your writing ability to help insure your success in the program. Please write a one-page double spaced response for each of two questions chosen from the following:

- a. Explain why you are interested in Academy of Christian Training and Service and your goals after graduation.
  - b. Elaborate on any issues you disagree with related to the Academy of Christian Training and Service Statement of faith.
  - c. What is your viewpoint regarding human sexuality and marriage?
  - d. Identify two issues in society today which are contrary to Christian teaching and what you feel may reverse this trend.
  - e. What do you hope to receive from the Academy of Christian Training and Service in terms of educational and personal growth?
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9. How I learned about the Academy of Christian Training and Service:

my pastor    a friend    radio ad    newspaper ad    other \_\_\_\_\_

**DECLARATION:**

The Academy of Christian Training and Service expects a lifestyle that is consistent with our understanding of Biblical teaching. I hereby certify that the information that I have presented is complete and truthful to the best of my knowledge. I understand that the falsification of any question or statement can result in denial to or expulsion from the program with any and all prior recognized achievements withdrawn.

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

**Send Application and Registration Fee to:**  
**Rev. Eleanor Siegrist, Administrator**  
**1331 Logan Blvd**  
**Altoona, PA 16602**



Fall and Spring term courses are held on Saturday mornings from 8:00 a.m. - 10:00 a.m. and again from 10: 15 a.m.- 12:15 p.m. J Term courses are held as intensives. Please check with the Dean of Academics for the exact schedule

**Orientation** online to be arranged individually  
**Mentor Training** online to be arranged individually

**Fall** **Courses:** Pastoral Leadership,  
 Preaching  
**Date August 25, 2018**  
**Location:** On-line

**PETITION FOR CREDIT FOR PRIOR LEARNING (NEW STUDENTS IF APPLICABLE)**

Name:	
Address:	
City, State:	
Home Phone:	
Work Phone:	
E-Mail:	

Academy of Christian Training and Service course for which you desire credit: \_\_\_\_\_

Briefly state experience, training, course work, etc., which forms the basis for your request for credit for prior learning in this course (include details as may be applicable such as length of time involved in such prior learning, names of courses and institutions, nature of duties, etc.).

Please submit this completed petition to the Dean of Academics.



## SCHOLARSHIP APPLICATION FORM

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

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

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

Phone: \_\_\_\_\_ Church of Membership: \_\_\_\_\_

Term for which this application is made: \_\_\_\_\_

Have you asked your church for financial assistance? *(Circle one)* YES NO

Complete this form, list specific amounts. Leave no blank spaces.

Total amount due for this term: <i>(A)</i> <i>Please add the applicable tuition &amp; fees, list total on line (A)</i> Tuition: \$225.00 per course Registration fee: \$25.00 one time payment Mentor fee: \$100.00 per year, Certified Lay Minister track Books: approximately \$40.00 per course Late fee of \$10.00 cannot be covered by scholarship		_____ (A)
Amount of financial assistance from other sources: <i>(D)</i> From your church: _____ From another source, please list: _____ <i>Please add (B) and (C), list total on line (D)</i>	_____ (B)  + _____ (C)	_____ (D)
Remaining un-funded amount: <i>(E)</i> <i>Subtract (D) from (A), list on line (E)</i>		_____ (E)
Amount YOU are able to contribute this term: <i>(F)</i> <i>Please list on line (F),</i>		_____ (F)

Please explain your need for financial assistance. \_\_\_\_\_



Pastor's Signature: \_\_\_\_\_ Pastor's Phone: (home) \_\_\_\_\_

Pastor's Name (print): \_\_\_\_\_ Pastor's Phone: (office): \_\_\_\_\_

When complete, please return to: Eleanor Siegrist 1331 Logan Blvd Altoona, PA 16602

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_