

Summit Theological Seminary



Office Use Only

Date Rec'd _____

App. Fee Paid _____

Approved _____

Please attach
current photo
here.

(Photo does not need
to be this size.)

Application of Admissions Form

Please Send Completed Application to:
Summit Theological Seminary
2766 Airport Road – Peru, IN 46970

Questions? Please contact us at:
Phone: 765-472-4111
Fax: 765-472-4111
Website: www.summit1.org
Email: summit1@myvine.com

General Information (Please complete all information legibly and clearly.)

Application Date: _____ Date of Birth: _____ Age: _____

Primary Class Attendance (choose desired preference): ___ In-Class ___ Online ___ Independent Studies

Full Name: Mr./Miss/Mrs. _____
(Circle one.) (First) (Middle) (Last) (Maiden Name)

Address: _____

City _____ State _____ Zip _____ Country: ___ U.S.A. ___ Other _____

Social Security Number: _____ - _____ - _____

Phone (____) _____ Cell Phone (____) _____ Email: _____

What is your present occupation? _____

Work Phone (____) _____

Educational Information

Schooling received in preparation/or a high school diploma, or the equivalent:

High School Name/Address of School _____

H.S. Phone # (____) _____ Years Attended: ___ 9th ___ 10th ___ 11th ___ 12th Date of Graduation _____

G.E.D. When will/did you take the test? _____ State _____ Did you pass? ___ Yes ___ No

Please list below any Colleges/Bible Institutes you have attended previously. (Use additional paper if necessary.)

Colleges Attended/Address	Degree Received	Date	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Area of Desired Study

Degree: I will be working toward:

- D.B.S. Diploma of Biblical Studies
 A.S.L. Associates of Sacred Literature
 B.S.L. Bachelor of Sacred Literature
 B.Th. Bachelor of Theology
 M.S.L. Master of Sacred Literature
 M.A.Th. Master of Theology

Media Preference: Please number in which order you would like the type of media for your work – if 1st choice is not available, the next choice will be provided, if available. **AUDIO:** ___ CD ___ MP3 / **VIDEO:** ___ DVD ___ MP4

FOR RESIDENT/ONLINE STUDENTS ONLY:

Note for Online students: Please ensure your email address is entered in the appropriate section above.

Which Semester do you plan to enroll: ___ Fall ___ Spring of 20 _____

Have you ever been denied admission to a high school/college level educational institution? ___ Yes ___ No

Were you ever expelled, dropped, or suspended by any school or college? ___ Yes ___ No

See our catalog or visit www.summit1.org for a list of programs offered from our College Catalog.

(Please Continue on the Reverse Side)

Cost and Fees:

One-time Enrollment Fee \$ 30.00

Independent Study Undergrad \$ 30.00 per credit hour Resident/Online Program Undergrad \$ 60.00 per credit hour

Independent Study Graduate \$ 50.00 per credit hour Resident/Online Program Graduate \$ 60.00 per credit hour

Resident/Online students: The amount of each semester must be paid before beginning a new semester.****Graduate Students have a \$250.00 Graduation Fee which is waived if tuition is paid in full upfront******Personal Information*****Church Currently Attending***

Church Name/Address: _____

Church Phone #: (____) _____

Name of Preacher: _____ Preacher's Home Phone: (____) _____

How long have you been saved? _____ How long have you been attending this church? _____

What Christian work/ministries have you done? _____

Personal Testimony*(To be Completed by Resident/Online Program Students Only)***On a separate piece of paper**, please write a short resume about:

- (1) Your salvation experience.
- (2) Your reasons for attending SSP (Summit School of Preaching).
- (3) Your plans after you graduate.

All Applicants to Read and Sign:

By signing of my name below, I will be agreeing to the following:

1. The \$30.00 enrollment fee is non-refundable.
2. I will pay for the courses or program I am taking, regardless of whether I finish, unless I return the materials within 10 business working days.
3. If I am enrolled in a degree program, I will pay tuition for no less than 30 credit hours and the materials received regardless of my completing the program or not.
4. I understand that for the Master's degree program there will be \$250.00 fee unless tuition is paid in full upfront.
5. I will pay a penalty fee of \$10.00 for every month I do not send in the minimum payment on my bill. Minimum payment is \$50.00 a month for bills totaling \$500.00 and more, and \$25.00 a month for bills totaling less than \$500.00 unless further arrangement has been made.
6. I will contact the school in writing concerning any discontentment I have about the courses, or my inability to pay a particular month. I will attempt to handle this account as a faithful Christian steward.
7. I agree to make all payments to the school. If not, I understand that the school has the right to turn the account over to collections. If the account is turned over to collections, I will be responsible for all collection fees, legal fees, court costs, etc.

Signature of Applicant _____ Date Signed _____

The \$30.00 non-refundable application fee is required for you to be considered.

In order to pay this fee *now* by credit card, please complete the following:

Applicant's Name: _____

Cardholder's Billing Address (Street Address and Zip Code): _____

Card #: _____ Expiration Date: _____ 3-Digit Security Code: _____

Type of Card: Visa MasterCard Discover

Cardholder's Signature _____ Date Signed _____

Please mail your \$30.00 enrollment fee (if using a check or money order) to:

Summit Theological Seminary - Admissions

2766 Airport Road - Peru, IN 46970

--Thank you.