

## Application for Admission

Applicant: Please read the requirements for admission before completing this application. Print clearly the information requested. Return this form and a non-refundable fee of \$10.00 to:

**Covenant International University and Seminary,  
7457 Harwin Dr. Suite 216, Houston, Texas 77036**

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### APPLICATION FORM

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

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

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN: \_\_\_\_\_

**Marital Status: • Single • Married • Divorced • Widow(er) • Remarried**

**Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_**

**Veteran: • Yes • No**

**Present Occupation: \_\_\_\_\_**

**Are you credentialed for ministry? \_\_\_\_\_**

**Level: • Licensed • Ordained**

**If so, what Church or Denomination?** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date application submitted:** \_\_\_\_\_

**“A requirement for a member is a born-again experience.” Have you received Jesus Christ as your Lord and Savior?**

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic History:**

**Name of Institution:** \_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deposit: \$500.00 deposit for this application before Handout is given out (Non Refundable Fee. See Below)**

**Total Tuition: \$ \_\_\_\_\_ (DEPENDS UPON YOUR DEGREE )**

**Check (enclosed)**

**Money Order ® (circle one)**

**Money Order # \_\_\_\_\_ Exp. \_\_\_/\_\_\_**

**Please check this box to indicate that you have read and understand the Deposit, payment, and cancellation policies for this program, as detailed in The Application Information.**

1. Please indicate if you are taking this program with the intention of pursuing a Professional chaplaincy path (e.g. seeking a paid position with the title of “Chaplain” or “spiritual care provider”) and if you intend to apply for board Certification from the Association of Professional Chaplains:

**Yes.**

- No – I am interested in taking the Covenant program to apply to other professional work that I do.
- Not sure.

2. If you answered **Yes** to the previous question, please indicate if you have Received a bachelor's degree from an accredited college or university.

- Yes – Name of College/University: \_\_\_\_\_
- No

3. Please indicate below which path/s you are interested in pursuing. You do not Have to commit to a path/s until later in the training process, but this information helps us to better understand your interests as we design the curriculum.

- Compassionate End-of-life Care
- Environmental chaplaincy
- Peacemaking
- Prison ministry
- Hospital Systems ministry
- Women' s ministry
- Youth/Education chaplaincy

Other: • \_\_\_\_\_

### Additional Information Needed:

- Three letters of reference from people you know your Christian Experience.
  - A fingerprint card and clearance letter from local Police, Sheriff or FBI.
  - Two (2) passport size photos. (1 ½” x 1 ¾” or smaller)
- ESSAY: Why I want to be a Chaplain” One page double-spaced, title at the top, with signature and date at the bottom right..( eg. detailing your conversion to Christ, your call to ministry and ministerial experience.)