



HONORING ALL PATHS

# THE NEW SEMINARY

## APPLICATION FORM, PART I

### INTERFAITH MINISTERS TRAINING PROGRAM

Please type or print clearly. Complete all information and return with a recent photo and your non-refundable \$175 application fee, payable to "The New Seminary," to:

Registrar, The New Seminary  
1350 Avenue of the Americas, 2nd Floor  
New York, New York 10019

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

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

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

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Date of Birth (Optional): \_\_\_\_\_

How did you learn about The New Seminary?

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

I wish to enroll as a:

Attending Student  
 Correspondence Student

Accelerated Student  
 Master of Theology

Doctor of Ministry  
 Spiritual Coaching

I have enclosed or will forward letters of recommendation from the following people:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Please list briefly your educational background/work history (or attach resume):

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Please answer the following (Attach additional sheets if necessary)

(1) What attracts you to The New Seminary Training Program for Interfaith Ministers?

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(2) Write a brief description of your religious background and your spiritual journey/exploration to date.

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(3) Describe briefly your current spiritual practice.

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(4) Have you had personal experience and/or professional training in psychotherapy, spiritual counseling, or other personal growth work? Please describe briefly.

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*I would like to pay my \$175 Application Fee by credit card:*

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ Type: \_\_\_\_\_

*I affirm that all the above statements are true.*

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