Application for Admission - Certificate of Gender, Sexuality & the Bible

Theological Education for Leadership Program, Pacific School of Religion

The Certificate of Gender, Sexuality & the Bible (CGSB) at Pacific School of Religion is a seven month online program for spiritual formation, lay leadership and community training. It is available for personal or professional growth or continuing education units (CEUs). Academic credit is not granted. More information may be found at www.psr.edu/tel-certificates.

Applications are accepted throughout the year. The CGSB course cycle begins in September, and students may join at any point. Please complete and mail this application to the Office of Community & Continuing Education at the address above along with the following:

- A letter from your pastor, church board or other authorizing body, spiritual director, or personal reference who is acquainted with your spiritual or vocational journey. A reference form is provided on page 3 of this application.
- A $30 non-refundable application fee. Please make your check payable to Pacific School of Religion.

You will be notified of acceptance to the program when all required information has been received.

PERSONAL INFORMATION

Legal name (last/first/middle) ____________________________________________________________

Preferred name _________________________________________________________________________

Address (street) _________________________________________________________________________

City/state/zip or province/country/postal code _________________________________________________

Phone ☐ h ☐ w ☐ c ___________________ ☐ h ☐ w ☐ c ___________________ ☐ h ☐ w ☐ c ___________________

Email ___________________________________________________________________________________

Date of birth ______________ Racial/ethnic identity (optional) _________________________________

Gender ____________________ Preferred Pronoun (optional) ____ Place of birth (optional) ___________________

LOCAL CHURCH MEMBERSHIP OR RELIGIOUS AFFILIATION (if any)

Denomination _________________________________________________________

Name of church, institution, or organization _________________________________________________

Address (street) _________________________________________________________________

City/state/zip or province/country/postal code _________________________________________________

Phone number _________________________________________________________________

Position/activities in this church, institution, or organization _________________________________

Length of affiliation _________________________________________________________________
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Legal name (last/first/middle) ____________________________________________________________

EDUCATION (a minimum of a high school diploma or GED is recommended)

School __________________________________________ Dates __________ Degree __________________

School __________________________________________ Dates __________ Degree __________________

PARTICIPATION

We encourage CGSB students to learn with others in their local communities when possible. Are there others in your local area who are also interested in the CGSB?

☐ I prefer to learn on my own
☐ I am affiliated with a host organization (name) ____________________________________________
☐ I am learning with friends (name/s) ______________________________________________________
☐ I would like to be connected with others in my area

Regular access to a computer with a webcam, speakers, and a high speed internet connection is required, as well as a telephone. Where do you plan to learn with CGSB?

☐ at home or work
☐ at church
☐ other (please describe) ________________________________________________________________

COMMUNICATION

The primary method of communication used in the CGSB is email. We strongly encourage CGSB students to have access to an email account that they check regularly. Please indicate here if you do NOT have access to email and need to arrange an alternate form of communication:

☐ Please communicate with me by: (describe) ________________________________________________

INTEREST

Why are you interested in participating in the CGSB program? __________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Thank you for your application to the CGSB program. Please remember to include the $30 application fee.

Your signature__________________________________________ Date___________________________
EVALUATION

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At what level do you recommend this applicant?

☐ Recommend strongly
☐ Recommend
☐ Recommend with reservation
☐ Do not recommend

In the space below or on a separate sheet, please include your typed evaluation of the applicant. In your evaluation elaborate on your overall recommendation above and address professional, academic, and/or personal strengths, weaknesses, and areas of growth of the applicant that might impact the applicant’s participation in the CGSB program.

Thank you for taking time to candidly evaluate this applicant. Your assessment is very important to us.

Signature of referrer __________________________________________________________________________ Date __________________________

INSTRUCTIONS FOR SENDING REFERENCES

☐ Please sign above and keep a copy for your records in case this reference is lost in the mail.
☐ Seal the reference form with evaluation in an envelope.
☐ Sign across the seal of the envelope.
☐ Send to the Office of Community and Continuing Education/TEL at the address on the top of this page.