



## For U.S. citizens and permanent residents AMBS Admissions application fields

To assist you in preparing to complete the online AMBS Admissions application, the content of the application appears on the following four pages so that you can know which information you will be asked to supply. The application software will automatically save your work, so you can complete the form in installments if needed. **Please note that this document is not the actual application form; applicants must use the online form.**

### Name and contact information

**First name** Required  
**Middle name**  
**Last name** Required  
**Maiden name, if applicable**  
**Preferred name** Required  
**Current home address** Required  
**Preferred mailing address**  
(If different than above)  
**Telephone number** Required  
**Phone type** Required  
**Email address** Required

### Personal data

**Date of birth** Required  
**Gender** Required  
**Social Security Number** Required  
**Citizenship** Required  
**Marital status**  
**Name of spouse**  
**Names of minor children**  
If you are moving to campus or relocating to the Elkhart area and have minor children accompanying you, please enter their information (name, date of birth and gender) here.

You are invited to complete the two items below about place of birth and ethnic background on a voluntary basis; they are being asked so that statistical information for the Association of Theological Schools of North America (ATS) may be compiled. This information will not be used as criteria for admission. AMBS will make decisions regarding admission to study at AMBS without discrimination on the basis of age, race, religion, physical disability, national or ethnic origin, sexual orientation, or gender.

#### Birthplace (city and state)

#### Ethnic background

Answer only if you are a U.S. citizen.

- Visa or Nonresident Alien
- Black Non-Hispanic
- Native American, Alaskan Native, Inuit, or First Nations
- Asian or Pacific Islander
- Hispanic
- White Non-Hispanic
- Multiracial
- I prefer not to answer this question.

#### How did you become acquainted with AMBS?

Required

#### Reason for applying

Required

What was most important in your decision to apply to AMBS?

## Religious affiliation

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**Current denomination** Required

**Current conference/district**

**Current congregation** Required

**Previous denomination, if applicable**

**Previous conference/district, if applicable**

**I am (choose any/all that apply)** Required

- Licensed for ministry
- Ordained for ministry
- Not credentialed

## Personal essay

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### Application essay

Please submit a personal essay (three to five pages, double-spaced) describing your desire to pursue a graduate theological degree at AMBS. Detail experiences and influences that have led you to seek a seminary education, ways that you believe this degree program will help you meet your vocational, educational and spiritual goals, and your understanding of the level of commitment this will require. Include in your answer an assessment of your gifts and abilities and how you expect to grow. This should reflect your best work.

Essays may be uploaded here or sent via e-mail attachment (Microsoft Word document or PDF) to [admissions@ambs.edu](mailto:admissions@ambs.edu).

## Academic objectives

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Select the program and concentration for which you are applying. (If you are undecided, please indicate this. During the first year, students discern which program best fits their call and gifts.)

**Program of study** Required

- Master of Divinity (Concentration)
- Master of Arts in Christian Formation
- Master of Arts: Theology and Peace Studies (Concentration)
- Graduate Certificate (Concentration)

## When and where do you plan to begin studies?

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**Term** Required

**Location** Required

**Intended enrollment status** Required

## Academic background

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Please list all colleges, universities and seminaries attended.

**Name of Institution 1** Required

**Location of Institution 1** Required

**Attended from (month/year)** Required

**Attended to (month/year)** Required

**Degree granted** Required

**Degree and major** Required

**Name of Institution 2**

**Location of Institution 2**

**Attended from (month/year)**

**Attended to (month/year)**

**Degree granted**

**Degree and major**

**Additional institutions**

**Academic awards**

**Academic dismissal** Required

Have you ever been dismissed or suspended from an academic institution?

## Work experience

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Briefly describe any work and volunteer experience, especially that which contributes to your academic and vocational goals. We are interested in knowing about work you have done inside and/or outside a church setting, e.g., Christian education, preaching, church music, youth work (summer youth camps, etc.), community service, social work, etc.

**Work experience** Required

List names of churches/agencies, tasks performed and time spent in each place.

## References

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Applicants to AMBS are required to have references in support of their goals for seminary study and/or their sense of call to ministry. Please list the names of (1) a pastor or conference minister, (2) a college professor, academic advisor or someone who can evaluate your reading and writing ability and (3) a colleague who can provide this kind of reference for you. (If you completed your most recent education more than 10 years ago, you may choose to supply an employer reference in lieu of an academic reference.) We will send the appropriate reference form to each person, using the email addresses you provide below.

**We do not accept references from a spouse or relative.**

CONFIDENTIALITY STATEMENT: It is the policy of AMBS that reference forms are kept confidential, are not made available to the applicant, and are destroyed once we have made a decision about admission and scholarships (if applicable).

**Pastoral reference name** Required  
**Pastoral reference e-mail address** Required  
**Academic reference name** Required  
**Academic reference e-mail address** Required  
**Layperson reference name** Required  
**Layperson reference e-mail address** Required

## Housing

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**Please select your housing plans:** Required  
**Date when you would need housing** Required  
To arrange for campus housing, please complete a housing application and submit a deposit.  
Applications can be found at:  
[ams.edu/admissions/housing-application](https://ams.edu/admissions/housing-application)

## Emergency contact

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Please provide the name and information of someone we should contact in case an emergency arises while you are an AMBS student.

**Name (first and last)** Required  
**Relationship** Required  
**Address** Required  
**Telephone number** Required  
**Phone type** Required  
**Email address** Required

## Criminal history

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**Have you ever been convicted of a crime?**

Required

**Details and explanation**

## Background check

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As a condition of admission, an applicant will be required to authorize Anabaptist Mennonite Biblical Seminary (AMBS) to obtain a background check. If the results of the background check are not deemed acceptable, AMBS will evaluate the results based on the nature of the violation and extenuating circumstances. (AMBS does not automatically deny admission based on minor offenses.)

Any information provided by the applicant regarding his or her background check will be included for consideration in his or her application for admission. If the applicant is admitted, AMBS will store a copy of the background check in the student's file in perpetuity, either on paper or digitally archived. If the applicant is not admitted, AMBS will store the entire application, including background check, in the Seminary's admissions files for a period of two years, after which the application will be destroyed in its entirety.

Please complete the following two forms and return to the Admissions office via email ([admissions@ams.edu](mailto:admissions@ams.edu)) or postal mail:

AMBS Admissions  
3003 Benham Avenue  
Elkhart, IN 46517-1947

FCRA Disclosure Form.docx  
Background Check Consent.docx

## AMBS Mission and Values

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Admission to AMBS assumes a commitment on the part of every student to join and participate in a community devoted to theological education and preparation for ministry, worship, study and the life of Christian faith. This community, whether on campus or at a distance, is part of and accountable to the church of Jesus Christ, the Anabaptist-Mennonite tradition and the seminary's sponsoring churches (Mennonite Church Canada and Mennonite Church USA). It is understood that all members of the seminary community will respect the confessions,

convictions, values and commitments of the tradition and the churches that AMBS serves, and will respect other traditions represented in the community and in the places where members minister and learn. It also is understood that members of the community will respect the core values of AMBS and the seminary's commitment to antiracism and welcoming Christians of diverse traditions and ethnicities.

To read the mission and values of AMBS, visit [www.ambs.edu/about](http://www.ambs.edu/about).

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## Acknowledgment of requirements and commitment

I have read the information above and understand the mission and values of AMBS ([www.ambs.edu/about](http://www.ambs.edu/about)). My filing of this application indicates my willingness to cooperate with the standards and purpose of the seminary. I agree to withdraw my enrollment should I find myself unable to support them.

### Acceptance of above statement Required

To indicate your acceptance, please type your full name in the box below.

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## Application fee

The non-refundable application fee of \$50 may be paid in the form of a check or money order, or by using Visa, MasterCard or Discover.

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## Pay online

To submit the \$50 non-refundable application fee online, please complete this form: <https://ambsforms.wufoo.com/forms/xj7vod4071cfts/>

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## Call AMBS with credit card information

To submit the \$50 non-refundable application fee by phone using a credit card, please call 800-964-2627 ext. 0 and have your credit card ready.

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## Pay by check

Please send the \$50 non-refundable application fee payable to AMBS to:

AMBS Admissions  
3003 Benham Avenue  
Elkhart, IN 46517

Please indicate your full name on the check.

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*If you have any questions about the information that is required for the Admissions application, please contact Enrollment Specialist Krysta Hartman at [kmhartman@ambs.edu](mailto:kmhartman@ambs.edu) or 800-964-2627 ext. 227.*

5-29-2018