



# Covenant Bible College & Theological Seminary

## OFFICE OF ADMISSIONS

P. O. Box 1637  
 New Albany, IN 47151 USA  
 Phone: 502-365-5571  
 Email: [admissions@cbcts.us](mailto:admissions@cbcts.us)  
 Web: [www.cbcts.us](http://www.cbcts.us)

<input type="checkbox"/> Date Received:	___/___/___
<input type="checkbox"/> Reviewed By:	_____
<input type="checkbox"/> Date Received:	___/___/___
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

## LEAD PROGRAM APPLICATION

There is a one-time non-refundable Application and Portfolio Assessment fee in the amount of \$100.00, which is due and payable upon submission of this application. Please make all checks or money orders payable to: **COVENANT BIBLE COLLEGE & THEOLOGICAL SEMINARY** and return to the address above. Upon acceptance, a Letter of Acceptance will be delivered to you vial mail and email.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female Marital Status:  Married  Single  Divorced  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

CBCTS is the only non-governmentally accredited institution that is authorized through NAPTI, EEA and NBCA to administer the LEAD program, providing our students the opportunity to earn an accredited and recognized degree without additional academic requirements.

There is a \$100.00 Portfolio Assessment Fee required to review and calculate total credits to be awarded for prior learning and professional credits earned. This Assessment Fee must be paid in full at time of application/enrollment and is non-refundable.

### How to Apply:

Be sure to follow the following instructions carefully. Failure to submit accurate information will be grounds for rejection of your application.

- Acquire your previous Official Transcripts from all schools previously attended and have them forwarded to CBCTS [see attached form CBCTS-TR101]  
**NOTE:** Honorary Degrees will not be counted towards academic requirements
- List all books previously read. Include **Title, Author, Publisher, ISBN number, Copyright Date, and Edition** for each book
- Submit your personal/professional resume, which can be copied and pasted from a Word.doc into the proper field of the application below
- Submit three (3) or more personal character references (not relatives or family members). Include Name, Address, Phone number, Email address, and years acquainted [see attached form CBCTS-LEADCR03]. Be sure that the character reference fills out the form personally and mails it directly to CBCTS.
- Answer each and every question pertaining to views of Biblical Doctrine and Theological studies. Please be sure to indicate via scripture your reasons for your view and provide any valid sustaining information you may have.
- Indicate the Degree(s) you are applying for.  
**NOTE:** The Board of Regents makes the final determination of the actual Degree and Discipline earned
- Attach your current Ministerial/Professional Resume.
- The below questionnaire constitutes your Thesis/Dissertation. Please be sure that you answer each question completely. The Board of Regents will automatically reject any application that contains answers that are incomplete. Therefore, remember the following: (a) **Do Not** provide one word answers or answers containing only a reference to a particular scripture; (b) All answers are to be no less than 200 words and no greater than 500 words; (c) Remember, this is a college/university level academic paper you are submitting, be sure to correct spelling and grammar as needed.

**Requirements:** please be advised that CBCTS enforces strict guidelines and policies to verify Life/Professional Experience

Degree	Requirement
<b>Associates Degree</b>	2 years minimum full-time Life/Professional Experience
<b>Bachelors Degree</b>	4 years minimum full-time Life/Professional Experience
<b>Masters Degree</b>	6 years minimum full-time Life/Professional Experience <b>Requirement:</b> a Bachelors Degree from a recognized and accredited institution
<b>Master of Divinity</b>	8 years minimum full-time Life/Professional Experience <b>Requirement:</b> a Bachelors Degree from a recognized and accredited institution
<b>Doctoral Degree</b>	8 years minimum full-time Life/Professional Experience <b>Requirement:</b> a Masters Degree from a recognized and accredited institution
<b>Doctorate of Philosophy Degree</b>	10 years minimum full-time Life/Professional Experience <b>Requirement:</b> a Masters Degree from a recognized and accredited institution

## LEAD PROGRAM APPLICANT QUESTIONNAIRE

1. In 500 words or less, explain what is needed for one to receive eternal life?
2. In 500 words or less, who are the people you have personally influenced since receiving salvation?
3. In 500 words or less, tell us about your turning points in your spiritual journey.
4. In 500 words or less, tell us about your family.
5. What has your Ministerial Experience included? *be specific*
6. What are your indications of growth in your ministry? *be specific*
7. What is your philosophy of ministry? *be specific*
8. What are your future ministry plans? *be specific*
9. Why are you interested in the Life Experience Acquired Degree Program?
10. What area of theology represents your greatest interest right now?
11. How are you pursuing it? *be specific*
12. How are you integrating it into your ministry? *be specific*
13. Tell us about your Christian Experience.
14. Tell us about your calling into the ministry.
15. What are your personal qualifications for ministry?
16. Tell us about your Educational Background.
17. What is your personal belief of the Doctrine of God?
18. What is your personal belief of the Doctrine of Christ?
19. What is your personal belief of the Doctrine of the Holy Spirit?
20. What is your personal belief of the Doctrine of the Holy Bible?
21. What is your personal belief of the Doctrine of Baptism?
22. What is your personal belief of the Doctrine of Holy Communion?
23. What is your personal belief of the Doctrine of Salvation?
24. What is your personal belief of the Doctrine of Sanctification/Holiness?
25. What is your personal belief of the Doctrine of Justification?
26. What is your personal belief of the Doctrine of the Baptism in the Holy Ghost?
27. What is your personal belief of the Doctrine of Eschatology (Last Things)?
28. Explain to us the office and function of Apostles, Prophets, Evangelists, Pastors, Teachers, Elders, Deacons, and Bishops.

Please indicate the following:

**I am applying for:**

- Associates Degree
- Bachelors Degree
- Dual Degree Associates/Bachelors
- Masters Degree
- Dual Degree Bachelors/Masters
- Doctoral Degree
- Dual Degree Masters/Doctorate

**LEAD Program Tuition:**

- Associates Degree **\$500.00**
- Bachelors Degree **\$750.00**
- Dual Degree Associates/Bachelors **\$1,250.00**
- Masters Degree **\$900.00**
- Dual Degree Bachelors/Masters **\$1,650.00**
- Doctoral Degree **\$1,000.00**
- Dual Degree Masters/Doctorate **\$1,900.00**

For those who successfully qualify for the conferral of their Life Experience Degree issued by Covenant Bible College & Theological Seminary and desire to participate in an official CBCTS Commencement Exercise, please contact the Office of Administration to make the necessary and proper arrangements. As with all CBCTS students, there is a \$100.00 walking fee assessed for on-site Commencement Exercises.

I, \_\_\_\_\_, hereby certify that all information attached and presented herein is true and accurate to the best of my knowledge. I hereby make application for admission as a student in the Degree Program indicated herein, and will endeavor to do my best to adhere to the standards, policies and requirements of Covenant Bible College & Theological Seminary.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CBCTS-TR101

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## REQUEST FOR TRANSCRIPT

To: Guidance Office/Office of Registrar and Records  
**(Please Print)**

Name of School/College \_\_\_\_\_

I, \_\_\_\_\_, request that you send an official copy of my transcript to:

**Covenant Bible College & Theological Seminary**  
Office of Admissions  
P. O. Box 1637  
New Albany, IN 47151-1637

I last attended your school: \_\_\_\_\_  
Month/Semester \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number      Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth      Maiden Name (if applicable)

If there is a charge, please contact me at the address below:

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

### NOTE TO THE APPLICANT:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript(s) be mailed to our office. **Transcript(s) marked "Issued to Student" will not be considered as official for admission to programs at Covenant Bible College & Theological Seminary.** Please complete and sign the letter above and submit it to your principal or counselor at your high school and/or the registrar at the college(s) you have attended. *Thank you.*

CBCTS-LEADCR03

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## (CHARACTER REFERENCE QUESTIONNAIRE)

*You must submit a minimum of three (3) Character References*

Applicant's Name: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Phone (area code and number): \_\_\_\_\_

Alternate Phone (area code and number): \_\_\_\_\_

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

How long have you know the applicant? \_\_\_\_\_

Have you been the applicant's:

Teacher  Pastor  Friend  Employer  Advisor

Other: \_\_\_\_\_

The individual named above has given your name as a reference in applying for entrance into our Seminary's Degree Program. We rely upon people like you to help us accurately appraise our incoming students. We appreciate your honest estimate of this applicant's personality and character traits, and will handle your reply strictly confidential. This includes identifying positive or negative situations, which will help us evaluate the applicant's ministry effectiveness.

Each applicant for admission must submit a recommendation from the chairperson of the board or other executive of the organization in which the applicant served. Serious consideration is given to this recommendation, and therefore we request that you complete the form carefully and candidly and return it to the applicant in a sealed envelope with your signature across the flap.

1) How well do you know the applicant?

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2) Please give whatever information you can in regards to the applicant's family life.

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3) Please give whatever information you can in regards to the applicant's business life.

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4) Does the applicant relate well with others?

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5) What do you consider the applicant's strongest talents and abilities?

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6) What do you consider the applicant's weakest points?

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7) Have you observed weakness in the applicant's moral life?  Yes  No  
If yes, please explain.

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8) Please rate the candidate by circling the appropriate response for each of the qualities below. If you wish, describe briefly and concretely specific instances that support or interpret your judgment. Do not circle items of which you feel uncertain, or that you have no opportunity to observe.

1 = Below Average 2 = Average 3 = Above Average 4 = Strong 5 = Exceptional

- Spiritual life 1 2 3 4 5
- Initiative 1 2 3 4 5
- Industry 1 2 3 4 5
- Follow-through 1 2 3 4 5
- Influence on others 1 2 3 4 5
- Acceptance by others 1 2 3 4 5
- Responsibility 1 2 3 4 5
- Leadership 1 2 3 4 5
- Humility 1 2 3 4 5
- Ability to communicate 1 2 3 4 5
- Personal organization 1 2 3 4 5
- Emotional qualities 1 2 3 4 5
- Personal appearance 1 2 3 4 5
- Overall evaluation 1 2 3 4 5

9) Additional comments:

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<b>FOR OFFICE USE ONLY</b>
Interviewed by: _____
Comments: _____
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