



PHILIPPINE BAPTIST
THEOLOGICAL SEMINARY

APPLICATION FOR ADMISSION

For Filipino Applicants

Registrar's Office
19 Tacay Road, Guisad
Baguio City, Philippines
(074)442-0361
registrar@pbts.net.ph
<https://pbts.net.ph>

PHILIPPINE BAPTIST THEOLOGICAL SEMINARY

The Admissions Committee welcomes your application to PBTS. Included in this packet are the forms needed for your application as well as instructions in accomplishing them. Please fill-out the forms carefully and legibly. The application process should be completed, preferably at least one month before the term the student intends to begin.

The Application Checklist for Filipino Citizens

1. Complete the Application

- 2x2 Color Photo with White Background
- Application Form (pages 3 to 5)
- Application Fee (one-time, non-refundable): Php 660.00¹
- Church Recommendation Form² (pages 6 to 8)
- Medical Certificate Form (page 9)
- Three sets of Recommendation Form (page 10-15)³
- Official Transcript of Records⁴
- Marriage Certificate (for married applicants)⁵
- Essay on conversion, service, and call to the ministry
- English Exam Result: _____ Date Taken: _____

Notes:

1. Payment can be made through bank deposit. Please deposit the amount to Bank of Philippine Islands (BPI) Account number 0561-0297-68. Then email the scanned deposit slip to registrar@pbts.net.ph or fax it to +63-74-445-5462.
2. This recommendation must be by vote of the congregation and not just from the pastor or church secretary. The applicant should have been an active member of the recommending church for at least one year before entering the Seminary. Some circumstances, clearly explained, may allow exceptions to this one-year rule on faculty approval.
3. Each of this will be accomplished and mailed directly to PBTS by three individuals who are not relatives of the applicant.
4. This should indicate the date of graduation and Special Order number.
5. This should be the official Certificate issued by Philippine Statistics Authority in SECPA.

2. Submit the Application

- Direct all materials to

The Registrar

Philippine Baptist Theological Seminary
19 Tacay Road, Guisad, Baguio City, 2600
registrar@pbts.net.ph

3. Wait for your Notice of Approval from the Admissions Committee

4. Make arrangements for seminary housing

- Seminary Housing Application Form (page 16)

The Admission Procedure

ELIGIBILITY

An applicant for admission to PBTS is expected to display the following characteristics:

1. commitment to Christian service on the basis of a divine call;
2. good standing in the home church, community, and church as evidenced by a letter of recommendation from his/her local church;
3. good physical health, as evidenced by a thorough medical examination that includes a chest x-ray.

For those applying for admission to a Master's degree program, an applicant must have completed a college degree. Those who have completed at least 74 college units, including 12 in English, or have completed at least a two-year vocational course, including 12 units in English; or have finished K-12 are qualified for admission to any Bachelor's degree program.



PHILIPPINE BAPTIST
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Application Form

Applicant Information

Full name _____
last or family first middle maiden (if applicable)

Current mailing address _____
apartment/box/street number Municipality/City

Province/State _____ Zip _____ Citizenship _____
Country

Email Address _____ Telephone _____

Applicant's Date of Birth _____ Applicant's Place of Birth _____
month day year Town/City/Country

Applicant's Marital Status: Single Married Gender: Male Female
 Annulled Widowed
 Re-married Separated

Educational Information

High School _____
Name of School Address Year Graduated

Education beyond high school. Please list all institutions attended including bible school, college, university, seminary, and professional (technical-vocational) training. You may use a separate sheet of paper if needed.

name of institution - do not abbreviate Address dates attended degree conferred with Special Order No.

name of institution - do not abbreviate Address dates attended degree conferred with Special Order No.

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name of institution - do not abbreviate Address dates attended degree conferred with Special Order No.

name of institution - do not abbreviate Address dates attended degree conferred with Special Order No.

Church Information

What is your current church membership?

name of church - do not abbreviate		Mailing Address
phone	name of Pastor	date of membership

Is the church that holds your membership affiliated with the Southern Baptist Convention?

Yes No

If no, what denominational affiliation? Please be specific: _____

Purpose in Seeking Seminary Education

What is your desired ministry (indicate order of preference: 1,2,etc... 1 being the most preferred)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Pastorate | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Church Planting | <input type="checkbox"/> Church Administration | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Christian Education | <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Missions |
| <input type="checkbox"/> Other (please specify) _____ | | |

Registration Information

Please indicate the semester in which you plan to begin your study

First Second Summer Institute Year: _____

Please indicate student status:

New Readmission (please attach an explanation) Other: _____

Location:

Baguio Campus Extension Center: _____

See www.pbts.net.ph/extension for current locations

Check the *one* program to which you are applying admission:

- | | |
|---|--|
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Church Music |
| <input type="checkbox"/> Master of Arts in Ministry | <input type="checkbox"/> Master of Arts in Missiology |
| <input type="checkbox"/> Bachelor of Theology | <input type="checkbox"/> Bachelor of Church Music |
| <input type="checkbox"/> Associate in Church Music | <input type="checkbox"/> Associate in Ministerial Training |

Family and Ministry

1. Please attach to your application an essay that describes in detail the following areas regarding your family and ministry (you may use as many sheets of paper as you need for this essay):

- | | |
|----------------------------------|---|
| a. home and religious background | c. experience in the ministry |
| b. call to the ministry | d. reasons for desiring theological education |

B. Ability of the applicant

1. Which of these spiritual gifts/talents has the candidate demonstrated within the church?

- Preaching Administration Music
 Teaching Counseling Others _____

2. In regards to potential in Christian ministry, how do you rate the applicant?

- Excellent Very Good Good Poor

3. Is the applicant the type whom you would be willing to call as pastor or worker of your church once seminary training is completed? Yes No Maybe

4. Using the scale of 1 to 5, with 5 as the highest, please rate the applicant in the following areas:

a. Achievement _____

Does the applicant display the ability to formulate, execute, and carry out plans to completion?

b. Emotional adjustment _____

Does the applicant maintain a balanced and self-controlled life?

c. Intelligence _____

Does the applicant possess high mental capacity?

d. Leadership _____

Does the applicant display the ability to influence and inspire others?

e. Perseverance _____

How does the applicant handle difficulties in a given task?

f. Physical condition _____

Is the applicant healthy and able to cope with seminary studies?

g. Sensitivity _____

How well does the applicant display sensitivity to how others feel?

h. Self-image _____

How well does the applicant see him/her self?

i. Sociability/Friendliness _____

Does the applicant show capability of identifying with different groups of people?

j. Teachability _____

How well does the applicant respond to teaching moments?

k. Teamwork _____

Does the applicant show an ability to work with others well?

C. Aiding the Applicant

1. How will the applicant meet his/her financial needs?

- Help from the family Help from the church
 Help from friends Personal savings
 Others _____

2. If the church decides to help the applicant, please indicate the amount and the frequency
Amount _____

- annual quarterly semi-annual monthly

3. The financial help will be sent: through the school directly to the student

CHURCH ACTION

Approved for recommendation by the church during its regular/special business meeting held on

_____.
month day year

Approved by (Please check if you are not the pastor):

Elder Chairman of the Board Chairman of the Deacons Other _____

Your name (please print/write in block letters) _____ Title _____

Your address (please print) _____

Your signature _____ Date signed _____

Church secretary (Full name and signature) _____

Date signed _____



PHILIPPINE BAPTIST
THEOLOGICAL SEMINARY

Medical Certificate

Basic Information

Applicant's Name _____ Date Examined _____
How long and in what capacity have you known the applicant? _____

Gender: Male Female Height _____ (cm) Weight _____ (kg)
Body temperature _____ °C Blood type _____ Blood pressure _____
Pulse rate _____ Hemoglobin _____
General appearance _____

Emotional status _____ Symptoms of emotional instability _____
At any time has there been contact with active Tuberculosis/Hepatitis where applicant lived or worked? _____
If yes, explain _____

Check if applicant has ever received treatment for:

Allergy Tuberculosis Hepatitis A Hepatitis B Typhoid Fever
 Nervous disorder Others (please specify) _____

Required Laboratory Tests

Chest X-ray (Please attach report on findings). I recommend _____

Urinalysis (Please attach report on findings). I recommend _____

The applicant has the following abnormal conditions not mentioned above: _____

Recommendation

Based on your professional opinion, is the applicant physically qualified to do part-time physical work? Yes No

Do you recommend the applicant for admission to PBTS? Yes No

Please add any further information that will be helpful to the seminary physician. _____

Examining physician _____ License no. _____

Address _____

This form should be mailed by the examining physician directly to
THE REGISTRAR P.O. Box 7, Baguio City, 2600 Philippines.

Recommendation for Admission

to The Philippine Baptist Theological Seminary

Applicant's Name: _____

This form is confidential. It will become the property of PBTS and will not be returned to the student. Should the applicant be denied application or otherwise not enroll, PBTS is neither obliged to disclose the contents of the application to the applicant nor release any information to a party legally unrelated to the school unless required to do so. Upon enrollment, the application form becomes a part of the student's permanent academic record.

To be completed by Recommender (family members are not acceptable)

Please print legibly.

Recommender's name _____ E-mail address _____

Recommender's address _____

Recommender's job title _____ Telephone number (_____) _____

How long have you known the applicant? _____

How did you know the applicant? _____

Please indicate your understanding of the applicant's ministerial goals

Please evaluate the applicant in the following areas. Make comments on the back of this sheet for any Below Average or Poor responses. Feel free to use that space for other comments.

Legend: 1-Poor | 2-Below Average | 3-Average | 4-Above Average | 5-Outstanding | N-No Information

Character (person of moral and spiritual integrity)	1	2	3	4	5	N
Judgment	1	2	3	4	5	N
Emotional stability	1	2	3	4	5	N
Maturity	1	2	3	4	5	N
Commitment to church-related vocation	1	2	3	4	5	N
Potential for effective ministry	1	2	3	4	5	N
Skill in relating to others	1	2	3	4	5	N
Financial responsibility	1	2	3	4	5	N
Spouse/family relations	1	2	3	4	5	N
Academic/intellectual abilities	1	2	3	4	5	N
Leadership potential	1	2	3	4	5	N

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry? yes no If yes, please elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress? yes no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position? yes no If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse/fiancé toward seminary education and vocational Christian ministry?

- Very positive
- Neutral
- Not applicable
- Positive, with some reservations
- Negative
- Please elaborate _____

Would you recommend this person to a church-related position upon completion of seminary training? yes no

Do you recommend this person for admission?
 yes no

If yes, please check one:

- With confidence
- With some reservations
- With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant?

What characteristics do you consider to be the greatest weaknesses of the applicant?

Additional Comments:

Recommender's Signature

Date

Thank you for your thoughtful responses. Please return this form to:

The Registrar
Philippine Baptist Theological Seminary
19 Tacay Road, Guisad
Baguio City, 2600
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Philippine Baptist Theological Seminary
19 Tacay Road, Guisad
Baguio City, 2600
Philippines



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THEOLOGICAL SEMINARY

Application for On-Campus Housing

- Please send completed housing application with application for admission.
- Do not fill in information below if NOT applying for on-campus housing.

Refusal of Campus Housing	
Please check the box below, print your name, and list your birth date if you do not require campus housing. No deposit is needed if you will not stay on campus.	
<input type="checkbox"/> NO. I do not need on-campus housing.	
Print Full Name	Date of Birth

Title Name

Spouse's Name (if applicable)

Address Town/City Province Zip Code

Telephone Birthdate Email

- New Student
 Current Student
 Returning Student
 Single
 Married
 Physical Limitation/Disability? Please explain: _____ Male
 Female

Children

Name Age Gender Name Age Gender

Name Age Gender Name Age Gender

Name Age Gender Name Age Gender

When do you plan to begin your studies? _____
Month Year

Date housing needed: _____
Month Year

A refundable Php 500.00 deposit is required to apply for campus housing. The deposit must be received by Finance Office within 30 days of your acceptance to the Seminary. You may either pay in cash to our Finance Office or make a deposit to the seminary bank account at any branch of BPI nationwide. The details are:

Bank of Philippine Islands (BPI)
Account Name: Philippine Baptist Theological Seminary
Account number 0561-0297-68

Then email the scanned deposit slip to registrar@pbts.net.ph or fax it to 074-300-2863.

Refunds will be given if housing is unavailable, or if you are not accepted as a student, or if you cancel your reservation more than 30 days before your planned occupancy. Include this housing application with your application for admission.