



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
2576 Broadway, #344
New York, New York 10025

Or fax to: 212-864-8355, and
follow up by mailing original.

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

Accelerated Student

Correspondence Student

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):

Please answer the following (Attach additional sheets if necessary)

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

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

(3) Describe briefly your current spiritual practice.

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

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: _____



THE NEW SEMINARY

APPLICATION FORM, PART II

The New Seminary Training Program includes an in-depth journey of personal discovery which can bring up intense feelings, emotions and memories. This questionnaire is an assessment tool that will help you and us to get to know you better. Please answer to the best of your ability, as this will enable us to support you during your course of studies and facilitate your personal interview. All material is confidential.

(Please use back of sheet or second sheet if necessary.)

1. Are you currently experiencing any serious health challenges?

Are you on any medication, please describe:

2. Have you ever been or are you now under a psychiatrist's or psychologist's care?
When? _____

How long? _____

What is the diagnosis? _____

Does this in any way affect your ability to function?

Are you on, or have you ever been on psychotropic medications while under a psychiatrist's care?

Which medications? _____

How long? _____

Do these affect your ability to function?

3. Do you have any personal history of abuse? (physical, emotional, sexual, satanic, child) .
Please explain:

4. Have you ever been addicted to drugs or alcohol? _____ Please explain:

What is your current status? _____

5. How have any of the above challenges affected your life?

6. Write a few sentences describing how you perceive yourself. (Use separate page if necessary)

Contact in case of emergency (name, relationship, address, phone no.)

I affirm that all the above statements are true. False information can be grounds for dismissal from the New Seminary. If taking psychotropic medication, an additional letter of recommendation is required from your psychiatrist.

Print Name _____

Date: _____

Signature: _____ Class: _____