

MICHIGAN LUTHERAN SEMINARY

Application for Admission



Full Name: _____
Last First Middle

Address: _____
Number/Street City State Zip Code

Date of Birth: _____ Place of Birth _____
MM/DD/YYYY (City/State)

Male Female Social Security Number _____ - _____ - _____

Parent Primary Email; _____ Student Email: _____

Parent Secondary Email: _____

Primary Day Phone: (_____) _____ Secondary Day Phone: (_____) _____

Primary Evening Phone (_____) _____ Secondary Evening Phone (_____) _____

Family Information (Check all that apply)

Parents' Marital Status

- My parents are married
- My parents are divorced/separated
- My father is deceased
- My father is re-married and I live with him
- I live in a single-parent home with my father

- My mother is deceased
- My mother is re-married and I live with her
- I live in a single-parent home with my mother
- Other – please describe: _____

Father's full name: _____

Father's occupation: _____

Social Security # _____

Place of employment: _____

Father's work #: _____

Father's place of birth: _____

MLS Alumnus? Yes No

Year of graduation or last year attended 19____

Mother's full name: _____

Maiden name: _____

Mother's occupation: _____

Social Security # _____

Place of employment: _____

Mother's work #: _____

Mother's place of birth: _____

MLS Alumna? Yes No

Year of graduation or last year attended 19 ____

Do you have a sibling(s) who is or has attended MLS? Yes No

If yes, what is the most recent year he/she attended? _____

If parents are divorced or separated, who is the custodial parent? Father Mother Joint

If report cards and correspondence should be sent to someone in addition to the custodial parent, please indicate the name and address:

Name: _____ Relationship: _____

Address: _____

E-mail: _____

Church & School Information

Applicant's Home Congregation: _____
Name of Congregation (City/State)

Synod: WELS ELS Other: _____

Pastor(s) Name: _____

Applicant's Date of Baptism: _____ (Planned) Date of Confirmation: _____
Month/Year Month/Year

Applicant's Schooling

	School Name/City	Teacher's Name or Contact Person
8 th Grade	_____	_____
(or High School Grade)	_____	_____
Prior to 8 th Grade	_____	_____

MLS Admissions Information

Into which grade do you seek enrollment? 9th 10th 11th 12th
For transfers only – which semester? 1st (August) 2nd (January)

Housing: Plan to live in the dormitory Plan to commute to school

Financial support will be provided by: (Check all that apply)

- Parents
- Church
- Other: _____
(Please indicate source of support)

Would you like to be sent an application for Financial Assistance from MLS? Yes No

PLEASE NOTE: The Wisconsin Synod invests in the future ministry of the church by providing direct financial support to help cover the educational costs of every student at Michigan Lutheran Seminary.

Vocational Intent:

The Wisconsin Synod has established Michigan Lutheran Seminary primarily to prepare young people for full-time service in the church. While entering students may not have decided firmly to devote themselves to preparing for public ministry, MLS enrolls only students who express a willingness to give prayerful consideration to such a goal and to accept encouragement toward that end.

Applicant, are you willing to give prayerful consideration to the goal of future service in the public ministry and are you willing to accept encouragement toward such a goal for yourself? Yes No

Applicant, please check each of the following that applies to indicate your current vocational intent:

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <u>Pastor</u> | <u>Teacher</u> | <u>Other:</u> _____ |
| <input type="checkbox"/> Certain | <input type="checkbox"/> Certain | <input type="checkbox"/> Certain |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Likely | <input type="checkbox"/> Likely |
| <input type="checkbox"/> Considering | <input type="checkbox"/> Considering | <input type="checkbox"/> Considering |
| <input type="checkbox"/> Not Likely | <input type="checkbox"/> Not Likely | <input type="checkbox"/> Not Likely |

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE TAKE NOTE: In attaching their signatures to this application, both student and parent/guardian acknowledge their understanding that admission to Michigan Lutheran Seminary places the student under the policies and regulations of the school as established by the Governing Board of MLS, and obliges both student and parent/guardian to accept and to cooperate with those policies and regulations.

RETURN THIS APPLICATION TO: Michigan Lutheran Seminary Admissions
2777 Hardin St. • Saginaw, MI 48602
Phone: (989) 793-1041 • Fax: (989) 793-4213
E-Mail: nlk@mlsem.org