

neXus Boston

Gordon-Conwell

Theological Seminary-Boston  
Center for Urban Ministerial Education

90 Warren Street, Roxbury, MA 02119  
(617) 427-7293 x. 6210 fax: (617) 541-3432  
www.bostonnexus.org email: nexus@bostonnexus.org

## URBAN YOUTH WORKER CERTIFICATE APPLICATION

### I. Personal Information (Please type or print. See instructions on page 3.)

Name (Last, First, Middle) \_\_\_\_\_

Last name(s) on previous transcripts (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_ Effective Until \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ May We Contact You There? \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Residency/ Visa Status \_\_\_\_\_ Alien Registration # \_\_\_\_\_

### II. When Do You Plan to Enroll on Campus?

Fall Semester, 20\_\_\_\_  Spring Semester, 20\_\_\_\_  January Term, 20\_\_\_\_  Summer, 20\_\_\_\_

### III. Church Information

Church Name: \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you (circle one):  Staff Member  Member  Regular Attender  Occasional Attender

Specific denominational affiliation of church \_\_\_\_\_

Your specific denominational affiliation \_\_\_\_\_

Provide details if you are licensed or ordained \_\_\_\_\_

## IV. Educational Information

List every school where at least one course was taken for credit (include GED equivalent if appropriate):

School                                      State                                      Date Attended                                      Degree                                      Date Awarded/Expected

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Have you applied to Gordon-Conwell Theological Seminary previously? ■ Yes ■ No If Yes, when? \_\_\_\_\_

## V. Recommendations

List the name and address of one church or ministry reference as indicated. Please use the recommendation form and return envelope provided for you.

Have the completed form sent directly to Gordon-Conwell.

Name                                      Street Address                                      City                                      State                                      Zip                                      Phone                                      Alumnus/a

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What person most influenced your decision to apply to Gordon-Conwell?

Name                                      Street Address                                      City                                      State                                      Zip                                      Phone                                      Alumnus/a

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## VI. Work History

(Please attach a resume if available)

Present Occupation \_\_\_\_\_ Organization and Dates \_\_\_\_\_

## VII. Purpose of Study

Write a succinct response to the following question: "Why is it important for me to a graduate level certificate in order to do ministry?" Use additional paper if necessary.

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## VIII. For International Students

Do you have Permanent Resident status of a country other than that of your citizenship? ■ Yes ■ No

If yes, which country? \_\_\_\_\_

If not a U.S. Citizen, what is your visa status? ■ J1 ■ F1 ■ Other \_\_\_\_\_ Expiration Date \_\_\_\_\_

What is your native language? \_\_\_\_\_

Have you been educated in English from the primary grades through undergraduate studies? ■ Yes ■ No

If your native language is not English, and you were not educated in English from the primary grades, you are required to take the TOEFL and Test of Written English (TWE). Scores you provide below are unofficial. Official scores must be sent directly to Gordon-Conwell-CUME by the Educational Testing Service. Our ETS Code is 0200 for Gordon-Conwell-CUME.

Date of test \_\_\_\_\_ TOEFL Score \_\_\_\_\_ TWE Score \_\_\_\_\_

## IX. Check List for a Complete Application

- 1. Completed application.
- 2. Non-refundable fee of \$10. Make checks payable to neXus Boston.
- 3. One recommendation form.
- 4. Church Endorsement.
- 5. Purpose of Study.

Return the application to:

neXus Boston  
90 Warren Street  
Roxbury, MA 02119

Once application materials are submitted to Gordon-Conwell and neXus Boston, they become the permanent record and property of the seminary. Submitted application materials will not be returned to applicant.

## X. Signature

I hereby declare that all information presented in this application is accurate and complete and I agree to abide by the seminary's Community Life Statement and the Basis of Faith as stated in the seminary catalog.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the neXus Boston Office at 617-427-7293 x.6210 or e-mail us at [nexus@bostonnexus.org](mailto:nexus@bostonnexus.org).

neXus Boston Gordon-Conwell Theological Seminary does not discriminate on the basis of race, gender, national or ethnic origin, age, handicap, or veteran status.

A complete statement of compliance with federal laws and regulations is found in the Gordon-Conwell catalog.