

Application for Admission to the Pastoral Colloquy Program of The Lutheran Church—Missouri Synod



To be directed to the President of the district where the application originates.

1. A report from the district interview committee – RE: Applicants Interview,
2. An autobiographical statement setting forth clearly your background and reason for wishing to qualify for the pastoral ministry in the Synod,
3. **Official transcripts** of your collegiate and seminary training and a full description of non-credit academic work done,*
4. Testimonials as to Christian character and life, personality, ability, and previous service from no fewer than three competent references, including one from your pastor, who have known and observed you for at least two recent years,*
5. If applicable, a testimonial witnessing to your past service in the denomination where you previously served as pastor, together with evidence of good standing in the ecclesiastical body from which you are in the process of severing connection, or have severed connection,*
6. A letter indicating strong endorsement and sponsorship of your application by your District President needs to be included in the completed application file when it is submitted to the chairman of the Pastoral Colloquy Committee.
7. Applicant and District President **must** sign last page of application.

*All letters of recommendation, tests, or transcripts are to be sent directly to the District President by the individuals or schools providing them.

I. Only applicants who meet the requirements for eligibility as specified in LCMS Handbook 3.8.2.4.2 (page 125) will be considered for admission to the Pastoral Ministry by Colloquy. A valid application must identify at this point the bylaw that applies (circle the one) in order for it to be considered by the Pastoral Colloquy Committee or the application will be returned:

- (a) 1
- (a) 2
- (a) 3
- (b)
- (c)

II. **PERSONAL INFORMATION** (please print *clearly* or type)

Name: _____

Address: _____

_____ Email Address: _____

Telephone #: _____

Social Security #: _____

Date of Birth: _____

Location: _____

Date of Baptism: _____

Location: _____

Date of Confirmation: _____

Location: _____

Present Church Membership: _____

Married: _____ When: _____ Location: _____

Wife's Name: _____ Present Church Membership: _____

Names and ages of children:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____



III. EDUCATIONAL INFORMATION (please give name of school and years attended)

School:	Location:	From-To:
Elementary: _____	_____	_____
Secondary: _____	_____	_____
College (undergraduate) _____	_____	_____

Please list majors and degrees received: _____

Post – Baccalaureate (list school, location, years)

Please list majors and degrees received: _____

Other educational experiences: _____

IV. EXPERIENCE

Present church body membership: _____

How many years? _____

If there have been any changes in denominational affiliation in the past 10 years, please specify: _____

List pastorates, teaching positions, or business positions:

Where: _____

When: _____

Where: _____

When: _____

Where: _____

When: _____

Where: _____

When: _____

Where: _____

When: _____



V. MISCELLANEOUS INFORMATION

Before recommending a person for certification in the public ministry in the church, the Colloquy Committee must have assurance that the candidate is above reproach. Also, one of the objectives of the Synod is to “provide protection for the congregations, pastors, teachers and other church workers in the performance of their duties and maintenance of their rights” (LCMS Constitution, Article III:9). Your response to the following questions will help the Colloquy Committee fulfill its responsibilities in making its recommendation.

1. Have you ever been suspended or expelled by any educational institution? _____ If so, identify the institution and state the reason for such action: _____

2. Have you ever applied for admission to a program at any Synodical institution? _____ If so, provide the name of the school, date, and disposition of your application: _____

3. Are you presently in good health? _____ If not, please comment: _____

If you answer “yes” to any of the questions 4 through 13 below, state on a separate sheet specifics related to each instance. This should include dates, facts, organizations, and individuals that may have been involved.

ARE YOU OR HAVE YOU BEEN:

4. Party to a divorce? _____ How many times? _____ Marriage annulment? _____
Legal separation? _____

5. Charged with fraud? _____ Sexual immorality? _____ Improper or dishonorable conduct of any kind in any type of legal proceedings? _____ Any convictions? _____
6. Involved in any homosexual activity? _____
7. An alcoholic? _____ Involved in use of illegal drugs? _____
8. Suspended, disqualified, censured, or had disciplinary or ouster proceedings instituted against you as a member of any profession or organization? _____
9. A party (plaintiff or defendant) to any action, civil or criminal? _____
10. Arrested, charged, or convicted of a crime, or subpoenaed, or requested to appear before any legal proceeding or investigatory agency? _____
11. Under guardianship, declared a ward of the court, or declared incompetent because of mental illness or condition, or committed, confined, or treated in any institution for mental illness? _____
12. Dismissed or asked to resign from any employment or position you have held? _____
13. Are you aware of anything else in your personal background which could jeopardize or disqualify you for the pastoral ministry? _____



If you are not a member of The Lutheran Church—Missouri Synod, please answer the following questions in detail:

Why do you wish to leave your present church affiliation? _____

Are you an ordained clergyman in your present church body? _____

Why do you wish to join The Lutheran Church—Missouri Synod? _____

If you are at present a member of The Lutheran Church—Missouri Synod, why do you wish to qualify for the pastoral ministry? _____

Why are you seeking certification through the colloquy program? _____

What are your plans for financing your education? _____



VI. PLACEMENT INFORMATION

Will placement be sought in the district of the sponsoring District President? (to be answered by applicant)

Does the District President wish to have the applicant return to his district? (to be answered by the District President)

****Please answer Section I Page 2 before signing and submitting this application.**

Date

Signature of District President**



VII. TO WHOM IT MAY CONCERN:

I understand that in the process of reviewing my application, the district and The Lutheran Church—Missouri Synod will receive from other individuals and organizations information and materials relating to my personal, academic, and background experience. I agree that all such information and materials shall be retained solely by the district or the Synod as the property of the district or the Synod and that in no event must such information or materials be revealed to me. In consideration of the district and the Synod accepting and proceeding with my application, I agree that I have no right to such materials or information and I waive any right, which I may now or later have to be informed of the contents of such materials whether or not I am admitted to the ministry or the colloquy program.

Date

Signature of Applicant

