



St. Petersburg Seminary and Yeshiva

An Association of St. Petersburg Theological Seminary and Netzer David International Yeshiva
 Educating Servant leaders
 3190 Gulf to Bay Blvd., Clearwater, FL 33759
 727-399-0276

APPLICATION

<input type="checkbox"/> For Admission	<input type="checkbox"/> For Readmission
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Last Name:	First name:	Middle Name:
Social Security Number:	Student ID (assigned by Registrar's office):	
Education Plans	Basis of Admission	
<input type="checkbox"/> Certificate of Religious Studies	<input type="checkbox"/> Transfer student †	
<input type="checkbox"/> Bachelor of Arts in Biblical Studies	<input type="checkbox"/> Associates of Arts Degree †	
<input type="checkbox"/> Master of Arts in Biblical Studies	<input type="checkbox"/> Graduate School Ready † (undergraduate major: _____)	
<input type="checkbox"/> Master of Arts in Counseling	<input type="checkbox"/> International Student †	
<input type="checkbox"/> Master of Arts in Judaic Studies	<input type="checkbox"/> Adult, non-high school graduate, never enrolled in college #	
<input type="checkbox"/> Master of Arts in Ministry	<input type="checkbox"/> Audit courses only (personal enrichment) *	
<input type="checkbox"/> Master of Science in Religious Teacher Education	<input type="checkbox"/> Senior citizen (ages 65 and older) *	
<input type="checkbox"/> Master of Divinity	<input type="checkbox"/> Denominational preparation †	
<input type="checkbox"/> Doctor of Ministry	<input type="checkbox"/> Working for a degree elsewhere †	
<input type="checkbox"/> Yeshiva – Bachelor of Arts in Judaic Studies	<input type="checkbox"/> Yeshiva CEU's †	
<input type="checkbox"/> Yeshiva – Master of Rabbinic Studies	<input type="checkbox"/> Graduate CEU's †	
	# References are required	
	* Transcripts and references are not required	
	† Transcripts and references are required	

Have you previously applied to, or attended, this Seminary using a different name?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name(s) ?			
Permanent Address:		Area Code:	Home phone:
		Area Code:	Cell phone:
		Area Code:	Work phone:
City	State	Zip Code	Email address (required):

In Emergency Notify	
Name	Home Phone Number:
Address	Business Phone Number:

Gender	Birth Date	U.S. Citizen	Do you have any difficulty with English Proficiency?
<input type="checkbox"/> Male	Mo Da Yr	<input type="checkbox"/> Yes If not a U.S. Citizen, what	<input type="checkbox"/> Yes If Yes, what is your native language?
<input type="checkbox"/> Female		<input type="checkbox"/> No country? _____	<input type="checkbox"/> No _____

Name of Church or Synagogue you currently attend:	Denomination:

High School or GED	Federal and state law requires information about the ethnic origin of our students	U.S. Immigration and Naturalization Service Status	
School:	Please check the appropriate box	If a Permanent Resident Alien, your number is:	
	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander		
City & State:	<input type="checkbox"/> Hispanic <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Race/ethnicity unknown	On Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to return? <input type="checkbox"/> Yes <input type="checkbox"/> No



**St. Petersburg Seminary and Yeshiva
PASTOR/RABBI REFERENCE STATEMENT**

(To be completed by the referee, someone who is a spiritual counselor for the applicant, and forwarded to the Admissions Office, St. Petersburg Seminary and Yeshiva, 3190 Gulf to Bay Blvd., Clearwater, FL 33759.)

I hereby waive my right to have access to this document when completed: _____
Applicant signature

Student Last Name	First Name	Name of Referee			
Address		Address			
City	State	Zip Code	City	State	Zip Code
			Position	Telephone No.	

- How long have you known the applicant?
 less than 1 year 1-2 years 3-4 years more than 4 years
- How well do you know the applicant?
 slightly reasonably very well
- As his/her pastor, the nature of your association with the applicant was as:
 Spiritual Advisor Administrative Supervisor Colleague Other. Please Explain:

- Please indicate the specific synagogue positions or services in which you have observed the applicant contribute.

- Please indicate your opinion of this applicant in comparison with others you have known at the same stage in their careers.

	Excellent	Above Average	Average	Below Average	Poor	No Basis for Judgment
MOTIVATION						
JUDGMENT						
COMMUNICA-TION SKILLS						
WORK HABITS						
INTEGRITY						
FAITH CONFESSION						



**St. Petersburg Seminary and Yeshiva
TEACHER'S REFERENCE STATEMENT**

(To be completed by the referee, someone who has observed and/or evaluated the learning habits of the applicant, and forwarded to the Admissions Office, St. Petersburg Seminary and Yeshiva, 3190 Gulf to Bay Blvd., Clearwater, FL 33759.)

I hereby waive my right to have access to this document when completed: _____
Applicant signature

Student Last Name	First Name	Name of Referee
Address		Address
City	State Zip Code	City State Zip Code
		Position Telephone No.

- How long have you known the applicant?
 less than 1 year 1-2 years 3-4 years more than 4 years
- How well do you know the applicant?
 slightly reasonably very well
- As his/her teacher, the nature of your association with the applicant was:
 Undergraduate Teacher Employer
 Graduate Teacher Other
 Academic Advisor Please Explain: _____
- If your association with the applicant was as a teacher, please indicate the type of courses taken (formal schooling, workshop, conference, etc.) and the years during which he/she was your student.

5. Please indicate your opinion of this applicant in comparison with others you have known at the same stage in their careers.

	Excellent	Above Average	Average	Below Average	Poor	No Basis for Judgment
MOTIVATION						
JUDGMENT						
COMMUNICATION SKILLS						
WORK HABITS						
INTEGRITY						
FAITH CONFESSION						

