

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

INSTRUCTIONS FOR APPLICATION FOR ALL NYTS PROGRAMS

Dear Applicant:

Thank you for your interest in applying to a program at New York Theological Seminary. Please complete and submit the application and all supporting documents.

Applicants for **ALL** programs must submit the following:

1. Completed basic application form (Type or print only)
2. Recent color passport size photo
3. Proof of immunization (if born on or after **Jan 1, 1957**) for:
Measles (2 doses) Mumps & Rubella (1 dose each)
4. Student Verification of Health Insurance Coverage form
5. Meningococcal Meningitis Vaccination Response form
6. Proof of address (copy of driver's license; household bill or other acceptable document that has your current address on it)
7. Sealed envelopes containing official transcripts from all colleges, Universities or professional schools you have attended.
8. Three sealed Letters of Recommendation from:
 - (a) A college professor (if this is not practical, someone to whom you minister)
 - (b) A colleague or associate
 - (c) An ecclesiastical superior or pastor
9. Complete the required essay questions (type only)
10. Pay the **non-refundable** application fee: Master's: \$30 Doctoral: \$50

NYTS maintains a rolling admissions policy. Applications may be submitted at any time and will be reviewed as they are received. An interview with each candidate for **Master's** and **Doctoral** programs will be held after submission of all materials. The Admissions Committee reserves the right to request a second interview if deemed necessary.

If you have any questions, please email the Assistant Registrar at ysalaman@nyts.edu or the Office of Vocational Discernment at ahill@nyts.edu.

Rev. 5/2018 acm

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APPLICATION FOR NYTS PROGRAMS (Part 1 of 3)

Name: _____

Date of Application: ____/____/____
Month Date Year

Please print or type. Please select the program to which you are applying.

CERTIFICATE PROGRAM IN MINISTRY AND LEADERSHIP APPLICANTS: (No Application Fee)
FULL TUITION is due at registration each semester, before classes begin.

SITE CODE: _____ (Refer to Chart for codes)

Year of Entrance: Fall 20__ Spring 20__

MASTER'S PROGRAM APPLICANTS: (\$30 Application Fee):

- MA Pastoral Care & Counseling (MAPCC)
- MA Religious Education (MARE)
- MA Leadership and Administration (MARLA)
- MA Youth Ministry (MAYM)
- Master of Divinity (MDiv)
- Unclassified (1 semester only)

Year of Entrance: ____ Fall (Sep) Winter (Jan) Spring (Feb) Summer (Jun/Jul/Aug)

DOCTORAL PROGRAM (DMin) APPLICANTS: (\$50 Application Fee)

For a list of available cohorts, please see the Doctor of Ministry Brochure included in your application or available at www.nyts.edu/prospective-students/applications-and-forms

↓ Track and cohort you are applying for: Year of Entrance: Fall 20__ Summer Intensive 20__

TRACK

COHORT

- Congregational Ministry Track
- Leadership Track
- Multifaith Track
- Pastoral Care Track

How Did You Hear About Us? (Check all that apply) Newspaper Website Radio Station Church

Friend Open House Office of Vocational Discernment Social Media

Other (Please Specify): _____

Rev. 5/2018 acm

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APPLICATION FOR NYTS PROGRAMS (Part 2 of 3)

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Gender: Male ___ Female ___
Month Date Year

Applicant's Name (as it should appear on all official records):

Last Name

First Name

Middle Name

Address: _____
Number & Street Apt City State Zip

County (See chart for code number) _____

Tel: (_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
CELL BUSINESS HOME

E-Mail Address (Required): _____

Ethnic Classification: _____ (To assist in completing Federal & State Reports; refer to Chart for Code Numbers)

Citizenship Status: U.S. Citizen Resident Alien

Country of Birth: _____

Marital Status: Single Married Divorced Widowed

Spouse's Name: _____

Your Occupation: _____

Business Name: _____

Address: _____
Number & Street City State Zip

Name of Church You Attend: _____

Name of Pastor or Ecclesiastical Supervisor: _____

Church Address: _____
Number & Street City State Zip

Church Phone Number: (_____) _____ - _____

Rev. 5/2018 acm

Instructions for Prospective Master's Students: Write an essay by answering **all** of the following questions. You must write one or two paragraphs based on each question. Include your essay with your application.

1. State the degree program for which you are applying, and provide a statement as to why you are specifically interested in this program.
2. Write a paragraph on what you think your calling is at this point in your life.
3. Describe your theological understanding, including the following:
 - a. The essential principles of your faith;
 - b. Changes, if any, in your theological understanding over the past five years; and
 - c. Ways scriptural study and reflection help to shape the development of your theology.
4. Describe the following, depending on the program for which you are applying:
 - a. **For MDiv Applicants only:** Describe your professional goals and/or goals for ministry, including the following:
 - (a) Your view of ministry in the kind of world in which we live; and
 - (b) Its relationship to crucial social and/or intellectual issues today.
 - b. **For Religious Education Applicants only:** Highlight your educational journey, your teaching experience and goals, and the factors that influenced you to pursue this course of study.
 - c. **For Pastoral Care and Counseling Applicants only:** Describe your understanding of the value of pastoral care and counseling, and on how you perceive it can contribute to personal health and wholeness. Provide specific personal growth experiences in which you have been involved such as clinical pastoral education, encounter groups, group dynamics training, and counseling experiences. In addition, briefly discuss how you understand the relationship between theology, psychology, and culture, particularly how these three areas contribute to the wholeness of the human and its interactions with others.
 - d. **For Youth Ministry Applicants only:** Discuss the factors that have influenced your decision to pursue a graduate course of study in youth ministry at this time, with attention to the following:
 - (a) Your sense of calling to youth ministry
 - (b) The most significant challenge you believe urban youth face today
 - (c) The specific skills and competencies you hope to cultivate within an academic program
 - e. **For Religious Leadership and Administration Applicants Only:** Discuss the critical factors or experiences that have influenced your desire to study leadership and administration from a religious perspective. Please indicate in your narrative how this program will enhance your vocation in a transformative way.
5. Describe your personal goals and interests, taking into account the following:
 - a. Fields of knowledge which interests you most;
 - b. Chief interests and activities at the present time, other than those directly related to your profession;
 - c. Leisure time activity;
 - d. Any doctoral degrees you hope to pursue upon graduation and why.

MASTER'S ESSAY QUESTIONS
To Supplement the Program Admissions Application
(Part 2 of 2)

6. Provide a brief summary of your faith journey.
7. Provide an evaluation of your own maturity in terms of interpersonal awareness and skill in dealing with difficult and conflict relationships, both personal and professional.
8. State the reasons why you wish to pursue this master's degree from New York Theological Seminary.

DOCTOR OF MINISTRY ESSAY QUESTIONS
To Supplement the Program Admissions Application

Instructions for Prospective Students: The Doctor of Ministry Program at New York Theological Seminary offers women and men committed to turning faith into informed practice, the opportunity to explore and realize their calling in the church and in the world. Combining scholarship with skilled field experience, students should be able to ignite transformation to “make a difference” in the communities they serve with the gifts they bring to ministry. To begin this journey, you are to answer the following questions as clearly and succinctly as possible. Consider your response to each question in at least two paragraphs, so that readers can better grasp your hopes for ministry.

1. Describe your faith journey and how you regard achievement of the Doctor of Ministry degree as a necessary component in that journey.
2. How would you describe your sense of call as expressing your faith and the vision of New York Theological Seminary?
3. Define, as concretely as possible, the nature of your ministry and the communities to be served by that ministry.
4. What are the goals you hope to reach through your ministry and how do you intend to meet them?
5. How do you anticipate evaluating your work in terms of what you hope to achieve so that you are able to measure the effectiveness of your ministry as time goes on?
6. If there is one change that you would like to see in a person or in a group due in large measure to your ministry, what might that change be?
7. What personal support and financial resources do you enjoy that will help you along the way?
8. How much real time can you devote to working for the DMin? Describe how you might adjust/share your responsibilities to accommodate the time necessary to complete the DMin within the three year period.

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RECOMMENDATION FORM (Master's and Doctoral Applicants)

Name of Applicant (**Print**) _____
Last First Middle

TO THE APPLICANT:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive his/her rights to access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid, and if the candidate, upon request, is notified of the names of all persons making such recommendation on her/his behalf. The Seminary does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation, you are free to choose to maintain your right to access to this recommendation or waive that right. Please check and sign one of the following statements:

- I **WAIVE** my right to examine this recommendation.
- I **DO NOT** waive my right to examine this recommendation.

TO THE RECOMMENDER:

The person named above, who has applied to this Seminary, has indicated that she/he knows you well enough to request a recommendation. The admissions committee would appreciate a statement from you concerning the applicant's character, personality, capacity for leadership, effectiveness in ministry, commitment to justice, physical stamina, mental and emotional stability, sense of responsibility, intelligence, common sense, and readiness for graduate level professional education. Please rate the applicant in comparison with others of similar age and position whom you have known.

Please use the back of this form and/or other separate sheet and sign on the bottom of this page. The recommendation is to be mailed to the applicant. **Please seal and sign the back flap of the envelope.** The letter will be submitted unopened by the applicant with his/her application.

In the event that it is not possible to send your recommendation to the applicant, it is permissible to send the sealed recommendation directly to the Seminary, Attention to the Registrar's Office.

Name (Print) _____

Title/Position: _____

Organization: _____

Address: _____
Number & Street Apt # City State Zip

Signature: _____ Date: _____/_____/_____
Month Day Year

Rev. 5/2018 acm

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Name (Print) _____

Title/Position: _____

Organization: _____

Address: _____
Number & Street Apt # City State Zip

Signature: _____ Date: _____/_____/_____
Month Day Year

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Name (Print) _____

Title/Position: _____

Organization: _____

Address: _____
Number & Street Apt # City State Zip

Signature: _____ Date: _____/_____/_____
Month Day Year

Rev. 5/2018 acm

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STUDENT IMMUNIZATION RECORD FORM

Name _____ Date of Birth: _____
Last First Middle Month Day Year

New York State Public Health Law 2165 requires post-secondary students to prove immunization or protection against measles, mumps and rubella. Persons born PRIOR to **January 1, 1957** are exempt from this requirement.

NOTE: MMR Vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

REQUIRED: Measles (Rubeola) Immunity – Must have **ONE** of the following:

- A. **TWO** dates of Measles Immunization: (1) _____ (2) _____
Both dates must be given after 1967 and the first immunization after the first birthday and the second on or after 15 months of age.
- B. Date of Measles Titer _____ Results _____
- C. Date of physician diagnosed measles disease _____
Signature of diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity – Must have **ONE** of the following:

- A. Date of at least **ONE** Rubella Immunization: (1) _____ (2) _____
(Must be on or after the first birthday)
- B. Date of Rubella Titer _____ Results _____
Physician diagnosis **is not acceptable**.

REQUIRED: Mumps Immunity – Must have **ONE** of following:

- A. Date of at least **ONE** Mumps Immunization: (1) _____ (2) _____ (Must be on or after the first birthday)
- B. Date of Mumps Titer _____ Results _____
- C. Date of physician diagnosed mumps disease _____

Signature of diagnosing physician _____

Health Practitioner (PRINT name) _____

Health Practitioner (SIGN name) _____

Date: _____/_____/_____
Month Day Year

Doctor's Seal or Stamp

Rev. 5/2018 acm

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STUDENT VERIFICATION REGARDING HEALTH INSURANCE COVERAGE

As part of your enrollment and registration at New York Theological Seminary, we are required by state and federal law to confirm that you have health insurance coverage. Therefore, please complete this form and send it with the application package. Thank you for your prompt cooperation.

Name: _____
Last Name First Name Middle Name

Address: _____
Number & Street Apt. # City State Zip

Tel: _____ - _____ - _____
Home Business Cell

E-Mail Address (Required): _____

YES, I DO have current health insurance coverage from the following provider:

Name of Provider: _____ Phone #: _____

Address: _____
Number & Street City State Zip

Period of Coverage: from: _____ to: _____

Policy #: _____

NO, I DO NOT have current health insurance coverage. I understand that I am required to have such coverage while enrolled at New York Theological Seminary. Therefore, I have applied for coverage from (please check one), and will notify NYTS as soon as I obtain coverage.

New York State Family Health Plan (www.health.state.ny.us)

Voluntary International Student Scholar Medical Insurance (www.studentresources.com)

Other (please specify below)

Name: _____ Phone #: _____

Address _____
Number & Street City State Zip

"I certify that the information I have provided above is accurate, and understand that my enrollment at New York Theological Seminary may be jeopardized by inaccurate or misleading information."

Student's Signature: _____ Date: _____

Rev. 5/2018 acm

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Registrar's Office, New York Theological Seminary.

Please read the following statements, check one box and sign below:

- I have received the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____
- I read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **NOT** obtain immunization against meningococcal meningitis disease.

PRINT Student's Name _____

Date of Birth _____

E-mail address _____

Mailing address _____
Number & Street Apt # City State Zip

Phone number ____ - ____ - _____

Student Signature _____ Date _____

Adapted from NYS DOH form 8.4.03

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APPLICATION CODES LIST

(Part 1 of 2)

COUNTY CODE NUMBERS (New York State Residents Only)

001 Albany	016 Franklin	031 Manhattan	049 Rensselaer	064 Washington
002 Allegany	017 Fulton	032 Bronx	050 Rockland	065 Wayne
003 Broome	018 Genesee	033 Brooklyn	051 St. Lawrence	066 Westchester
004 Cattaraugus	019 Greene	034 Queens	052 Saratoga	067 Wyoming
005 Cayuga	020 Hamilton	035 Richmond	053 Schenectady	068 Yates
006 Chautaugua	021 Herkimer	(Staten Island)	054 Schoharie	069 NYS Residents
007 Chemung	022 Jefferson	040 Niagara	055 Schuyler	<u>County Unknown</u>
008 Chenango	023 Lewis	041 Oneida	056 Seneca	070 Out of State
009 Clinton	024 Livingston	042 Onondaga	057 Steuben	Students
010 Columbia	025 Madison	043 Ontario	058 Suffolk	071 Foreign
011 Cortland	026 Monroe	044 Orange	059 Sullivan	Students
012 Delaware	027 Montgomery	045 Orleans	060 Tioga	072 Unknown
013 Dutchess	028 Nassau	046 Oswego	061 Tompkins	
014 Erie	029 Blank	047 Otsego	062 Ulster	
015 Essex	030 Blank	048 Putnam	063 Warren	

Rev. 03/2016 LRB

DENOMINATION CODE NUMBER

10 Advent Christian Church	380 Byzantine Catholic Archeparchy Pittsburgh	750 Muslim
20 Seventh-Day Adventist	390 Roman Catholic	760 National Assoc Congregational Christian
30 Anglican Church of Canada	400 Christian and Missionary Alliance	770 Non Denominational
40 Episcopal Church	410 Church of God (Anderson, Indiana)	780 Greek Orthodox Archdiocese of America
50 Reformed Episcopal Church	420 Church of the Nazarene	790 Orthodox Church in America
60 Anglican, Other	430 Christian Church (Disciples of Christ)	800 Orthodox, Other
70 Associated Gospel Church of Canada	440 Christian Churches and Churches of Christ	810 Assemblies of God
80 American Baptist Church USA	450 Churches of Christ	820 Church of God (Cleveland, Tennessee)
90 Baptist	460 Churches of God, General Conference	830 Church of God in Christ (COGIC)
100 Baptist Convention of Ontario and Quebec	470 Evangelical Church in Canada	840 Foursquare Gospel Church
110 Baptist General Association of Virginia	480 Evangelical Congregational Church	850 Pentecostal Assemblies of Canada
120 Baptist General Conference	490 Evangelical Covenant Church	860 United Pentecostal Church International
130 Baptist General Convention of Texas	500 Evangelical Formosan Church	870 Associate Reformed Presbyterian Church
140 Baptist Missionary Association of America	510 Evangelical Free Church of America	880 Cumberland Presbyterian Church
150 Baptist State Convention of North Carolina	520 Evangelical Free Church of Canada	890 Evangelical Presbyterian Church
160 Baptist Union of Western Canada	530 Interdenominational/Multidenominational	900 Korean American Presbyterian Church
170 Canadian Convention of Southern Baptists	540 Jewish	910 Orthodox Presbyterian
180 Conservative Baptist Assoc of America	550 Evangelical Lutheran Church in America	920 Presbyterian Church (PCUSA)
190 Convention of Atlantic Baptist Churches	560 Evangelical Lutheran Church in Canada	930 Presbyterian Church in America (PCA)
200 Cooperative Baptist Churches	570 Lutheran Church-Canada	940 Presbyterian Church in Canada
210 Fellowship Evangelical Bapt Ch Canada	580 Lutheran Church-Missouri Synod	950 Reformed Presbyterian
220 General Assoc of General Baptists	590 Wisconsin Evangelical Lutheran Synod	960 Canadian Reformed Churches
230 General Assoc Regular Baptist Churches	600 Lutheran, Other	970 Christian Reformed Church
240 General Bapt State Convention N. Carolina	610 Conference of Mennonites	980 Heritage Reformed Cong (USA/Canada)
250 Independent Baptist	620 Mennonite Brethren Ch in N America	990 Reformed Church in America
260 National Baptist Convention	630 Mennonite Church Canada	O90 Other
270 N American Bapt Conference	640 Mennonite Church USA	R10 Friends, Quaker
280 Progressive National Baptist Convention	650 Mennonite, Other	R20 Religious Society of Friends
290 Seventh Day Baptist General Conference	660 African Methodist Episcopal (AME)	S30 Salvation Army
300 Southern Baptist Convention	670 African Methodist Episcopal Zion (AMEZ)	S40 General Church of New Jerusalem
310 Union d'Eglises Bapt Francaises Canada	680 Christian Methodist Episcopal (CME)	S50 Swedenborgian Ch, General Convention
320 Brethren Church (Ashland, Ohio)	690 Free Methodist Church	U60 Unitarian Universalist
330 Brethren in Christ Church	700 Independent Methodist	U70 United Church of Canada
340 Christian Brethren (Plymouth Brethren)	710 United Methodist Church (UMC)	U80 United Church of Christ (UCC)U60 Unitarian
350 Church of the Brethren	720 Wesleyan Church	Universalist
360 Fellowship of Grace Brethren Churches	730 Missionary Church in Canada	U70 United Church of Canada
370 Buddhist	740 Moravian Church in North America	U80 United Church of Christ (UCC)

Rev. 5/2018 acm

NEW YORK THEOLOGICAL SEMINARY

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APPLICATION CODES LIST (Part 2 of 2)

ETHNIC CODES

- 00: Unknown/Undeclared
- 01: Non Resident
- 02: Black: (African American, Caribbean American, African-Non-Hispanic)
- 03: Native American (American Indian; Alaska native)
- 04: Asian/Pacific Islander (Korean, Chinese, Indian/ Pakistani, Japanese etc.)
- 05: Hispanic/Latino: (Puerto Rican, Central Am, South Am, Caribbean)
- 06: White: (Non Hispanic)
- 0: Two or more races

CERTIFICATE PROGRAM SITE CODES

SITE CODE	SITE	ADDRESS
CBX	Bronx, NY	First Union Baptist Church - 2064 Grand Concourse
CNR	Brooklyn, NY	College of New Rochelle - 1368 Fulton Street Restoration Plaza
CEH	Brooklyn, NY (Spa./Eng.)	Iglesia Espiritu de Hermandad/Spirit of Brotherhood -- 167 South 1 st Street
CSB	Edison, NJ	Stelton Baptist Church - 334 Plainfield Avenue - 732-985-1484
CPF	Flushing, NY (Spa.)	Iglesia Evangélica Presbiteriana -52-18 Bowne Street
CLE	Lower East Side, NY (Spa.)	Iglesia Evangelica Bautista – 393 East 8 th Street
CMP	Massapequa, NY	Living Hope Fellowship – 900 Old Sunrise Highway
CMV	Mt. Vernon, NY	Macedonia Baptist Church – 141 South 9 th Avenue
CMB	Neptune, NJ	Macedonia Baptist Church -- 1710 Columbus Avenue
CNY	New York, NY (Eng.)	Riverside Church - 91 Claremont Avenue
CSR	New York, NY (Spa.)	Riverside Church - 91 Claremont Avenue
CPN	Newark, NJ	Paradise Baptist Church - 348-352 15 th Avenue
COL	Online	Online
CPH	South Hempstead, NY	Congregation Church of South Hempstead - 416 Woodland Drive
CSG	Springfield Gardens, NY	Springfield Gardens UMC - 131-29 Farmers Boulevard