

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. Proof of address (copy of driver's license; household bill or other acceptable document that has your current address on it)
6. Complete the essay questions required for your specific program.

Masters and Doctoral Applicants Only:

7. Sealed envelopes containing official transcripts from all colleges, Universities or professional schools you have attended.
8. Meningococcal Meningitis Vaccination Response form
9. 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
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.

Applications can be submitted as follows:

1. Mail printed applications and all supporting documentation to:

Dr. Yvonne Salaman
New York Theological Seminary
475 Riverside Drive, Suite 500
New York, NY 10115

2. You can also submit your application by scanning the documents and emailing them to admissions.info@nyts.edu.
(Only the PDF format will be accepted.)

If you have any questions, please email admissions.info@nyts.edu.

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NEW YORK THEOLOGICAL SEMINARY

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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): _____

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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: (_____) _____ - _____

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APPLICATION FOR NYTS PROGRAMS (Part 3 of 3)

Denominational Affiliation (See Chart for Code Number): _____

Ecclesiastical Status: Ordained Clergy Licensed Clergy
 Ordained Laity Laity Other: _____

Please give the contact information of a NY area person who does **NOT** live with you who will always know where you are:

Name: _____ Relationship: _____

Address: _____
Number & Street City State Zip

Telephone: ____ - ____ - _____ E-Mail (Required): _____

Previous Academic and Professional Training (beginning with the most recent)

| <u>Institution and Location:</u> | <u>Dates of Attendance:</u> | <u>Degree Received:</u> | <u>Graduation Date:</u> |
|----------------------------------|-----------------------------|-------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Are your transcripts an adequate portrait of your abilities and motivations? Yes No

If your answer is "no," please explain on additional sheet.

For information regarding financial aid and eligibility, please visit www.nyts.edu/finaid or contact finaid@nyts.edu.

For DEGREE programs only: It is required that the Test of English as a Foreign Language (TOEFL) be taken by students for whom English is a second language, unless specifically exempted by the Admissions Committee. A minimum score of 560 is expected. Information on this test may be obtained from the Educational Testing Service, Princeton, NJ 08541. Test results should be sent directly to the Seminary by ETS.

"I hereby certify that the information given by me on this application and all supplementary pages is complete and accurate."

Applicant's Signature: _____ Date: _____

**CERTIFICATE PROGRAM ESSAY QUESTIONS
To Supplement the Program Admissions Application**

Instructions for Prospective Certificate Program Students: As a key component of your Application for Admission, please write a short essay (approximately 350 words, using Times New Roman 12-point Font, double spaced) in which you describe your Spiritual Autobiography, integrating the following points:

1. The role of your faith in your spiritual walk;
2. A significant turning point in your life that impacted your faith journey;
3. Why you feel called to take up theological education and how such a decision relates to your ministry and service to your faith community.

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

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

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

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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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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

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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: _____

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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) |

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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 |
|-----------|--------------------------------|--|
| CDL | Atlantic City, NJ | Ciudad de Luz - 1713 Arctic Place |
| CBX | Bronx, NY | Latino Pastoral Action Center - 14 W 170 Street |
| CIB | Bronx, NY (<i>Spa.</i>) | Iglesia Cristiana Segunda Bethel - 459 Thieriot Avenue |
| CEH | Brooklyn I, NY (<i>Spa.</i>) | Iglesia Espiritu de Hermandad - 167 South 1 st Street |
| CME | Brooklyn II, NY | Medgar Evers College - 1650 Bedford Avenue |
| CEB | East Orange, NJ | New Ephesus Baptist Church - 175 Woodbrook Street |
| CPF | Flushing, NY (<i>Spa.</i>) | Iglesia Evangélica Presbiteriana - 52-18 Bowne Street |
| CSB | Edison, NJ | Stelton Baptist Church - 334 Plainfield Avenue |
| CSC | Jamaica, NY | Greater Springfield Community Church - 177-06 129 Avenue |
| CLH | Massapequa, NY | Living Hope Fellowship Baptist Church - 900 Old Sunrise Highway |
| CMV | Mt. Vernon, NY | Macedonia Baptist Church - 141 South 9 th Avenue |
| CMB | Neptune, NJ | Macedonia Baptist Church - 1924 Heck Avenue |
| CPN | Newark, NJ | Paradise Baptist Church - 348 – 352 15th Avenue |
| CNY | New York, NY (<i>Eng.</i>) | Riverside Church - 91 Claremont Avenue, Rm 330 |
| CSR | New York, NY (<i>Spa.</i>) | Riverside Church - 91 Claremont Avenue, Rm 316 |