

# Atlantic School of Theology

## Diploma in Missional Leadership (DML) Program Application Form

Name:

Last

First

Middle

Address:

Street

City/Town

Province/State

Country

Postal/Zip Code

Email:

Phone: (     )

Date of birth:

   /     /  
yyyy / mm / dd

Social Insurance Number     /     /

(required for official tax receipt for tuition and/or bursaries)

Gender:

Female

Male

Gender diverse

First Language:

Religious denomination or tradition:

### Optional information

AST collects the following information for statistical purposes and to improve student services. Information you provide here will not impact the university's decision to admit you to a program of study. You may skip this section if you wish.

#### *Students with Disabilities*

Do you consider yourself a person with a disability?

Yes     No     Prefer not to answer

Please note: Learning accommodations for persons with disabilities should be requested and documented by writing to the Academic Office prior to the start date of your studies.

#### *Racial or Ethnic Identity*

Please indicate if you self-identify within any of the following groups:

Indigenous, Aboriginal, First Nations status, First Nations non-status, Métis, or Inuit from Canada or the USA

Yes     No     Prefer not to answer

Indigenous, Aboriginal, or First Nations from other parts of the world

Yes     No     Prefer not to answer

Asian or a person of Asian descent

Yes     No     Prefer not to answer

Black or a person of African descent

Yes     No     Prefer not to answer

Pacific Islander or a person of Pacific Islander descent

Yes     No     Prefer not to answer

South Asian or a person of South Asian descent

Yes No Prefer not to answer

West Asian, Arab, or a person of West Asian or Arab descent

Yes No Prefer not to answer

White or a person of European, Anglo, or Celtic descent

Yes No Prefer not to answer

More than one racial or ethnic identity

Yes No Prefer not to answer

Other (please specify):

A minimum of high school diploma (or equivalent) is required for Diploma Program studies.

Please indicate highest level of education completed

High School (Grade 12 or equivalent)

College

University

If you previously attended AST, indicate program(s) and year(s) of study:

**IMPORTANT**-Please attach to this form a **one-page statement** indicating 1) Where you serve in ministry (as a lay person or in ordered ministry); and 2) Why you would like to be a part of the DML learning cohort for 2023-25.

*I confirm that the information given in this application form is true, complete and accurate.*

*Date*

*Signature of Applicant*

A \$60 non-refundable application fee must be paid prior to the assessment of your application. Please confirm your payment method:

E-transfer sent to [businessoffice@astheology.ns.ca](mailto:businessoffice@astheology.ns.ca)

Credit card- please contact the Business Office at [businessoffice@astheology.ns.ca](mailto:businessoffice@astheology.ns.ca) or (902)-222-0661

Cheque made payable to Atlantic School of Theology

Send your completed application form (and cheque, if applicable) to:

[academic@astheology.ns.ca](mailto:academic@astheology.ns.ca) OR Academic Office, Atlantic School of Theology, 660 Francklyn Street, Halifax, Nova Scotia B3H 3B5

If you have any questions, please contact us at 902-423-5592 or [academic@astheology.ns.ca](mailto:academic@astheology.ns.ca).