Application Instructions for Ministers in the Vicinity

The Ministers in the Vicinity program allows those currently engaged in full-time ministry (ministers, priests, rabbis, and others) who live in or around the greater Boston area (within 50 miles) and who hold a theological degree to take courses at HDS and to pay for these courses at half the normal rate of tuition. Once admitted, MIV’s may register for one course each semester and a maximum of four courses over a four-year period from their admission date. Academic credit is received for courses taken, and official transcripts may be obtained. For Ministers in the Vicinity who do not need academic credit, classes may be audited.

**Deadline:** Applicants may apply for Ministry in the Vicinity status with the Registrar’s Office anytime prior to the date that classes begin. Classes begin for the fall 2014 semester on September 2.

**Fees:** For the academic year 2014-2015, the fees include a $30 application fee. If the class is being taken for credit, the MIV must pay $1,912.00 (half the tuition for one class). If the class is being audited, the fee is: $262.50 (half the audit fee for one class).

**Study Cards:** The Minister in the Vicinity will need to have their study card signed by a faculty member of the Office of Ministry Studies in time to hand deliver the study card to the Registrar’s Office. For the study card deadline, please refer to the 2014-2015 academic calendar.

Please bear in mind that Ministers in the Vicinity may not cross-register at the other Schools of the University or the Boston Theological Institute, and are not eligible for financial aid.

For further information regarding the program please contact Leah Whitehouse in the Registrar’s Office at 617.495.5760 or lwhitehouse@hds.harvard.edu.
Minister in the Vicinity applicant: Please complete pages 1 and 2 of the application and return this form, with the $30 application fee, to the address above.

I am applying for admission as a Minister in the Vicinity for the:  □ Fall Term  □ Spring Term  of 20_____

Full Name: ___________________________________________________________________________
                      First                        Middle                        Last

Address: ___________________________________________________________________________
                               Number and Street

                                                      Town/City                        State                        Zip/Postal Code

Tel (h): ___________________________________________________________________________
                       Area Code

Tel (w): ___________________________________________________________________________
                       Area Code

Email: ___________________________________________________________________________

Birth Date: ___________________________ Month/Day/Year

Social Security Number: ___________________________ Birth Place: ______________________________________

Citizen of: ________________________________________________

If not a U.S. citizen, are you a permanent resident of the U.S.?  □ Yes  □ No  Alien reg. #: ___________________________

Please list all colleges and graduate schools attended (including those from which no degree has been granted) in reverse chronological order, beginning with the most recent:

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<th>Institution</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>Honors</th>
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Please indicate which course(s) at HDS you wish to take, if known:

________________________________________________________________________

________________________________________________________________________

What parish, congregation, or organization are you currently affiliated with?

Name of institution: _______________________________________________________

Your title: _______________________________________________________________

Address of institution: _____________________________________________________

Length of service: _________________________________________________________

Are you currently full-time? □ Yes □ No

List other ministerial organizations with which you are or have been affiliated:

Name of institution: _______________________________________________________

Your title: _______________________________________________________________

Address of institution: _____________________________________________________

Length of service: _________________________________________________________

Name of institution: _______________________________________________________

Your title: _______________________________________________________________

Address of institution: _____________________________________________________

Length of service: _________________________________________________________

Name of institution: _______________________________________________________

Your title: _______________________________________________________________

Address of institution: _____________________________________________________

Length of service: _________________________________________________________

I hereby certify that the information provided on this application is accurate, complete, and honestly presented. I understand that any inaccurate or misleading information or omission will be the cause for disqualification from further consideration for admission and will be cause for the rescinding of any offer of admission, or for dismissal, if discovered at a later date.

Signature _____________________________________________ Date _______________