

# JOSHUA URBAN MINISTRY PROGRAM

In Collaboration With

The Pastoral Studies Institute of

Wisconsin Lutheran Seminary

11831 N. Seminary Drive

Mequon, Wisconsin 53092

# JUMP

**APPLICATION FOR ADMISSION TO  
THE JOSHUA URBAN TRAINING PROGRAM**

**A. PERSONAL INFORMATION**

1. Applicant's name: \_\_\_\_\_

2. Home address: \_\_\_\_\_

3. Home phone: (\_\_\_\_) \_\_\_\_\_ and Email address: \_\_\_\_\_

4. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Social Security #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

6. Marital status: \_\_ Single \_\_ Married \_\_ Widowed  
\_\_ Divorced

7. The names of applicant's wife and children (and ages) still living with the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Your ethnic/racial background (optional):

9. Have you ever been convicted of a felony? \_\_ Yes \_\_ No

If yes, please explain: \_\_\_\_\_

10. Have you ever been convicted of any kind of sexual misconduct or sexual/physical abuse? \_\_ Yes \_\_ No

If yes, please explain: \_\_\_\_\_

11. The applicant has completed and attached to this application:

- a.) Resume/CV \_\_\_\_\_
- b.) Application fee \_\_\_\_\_
- c.) Pastor's recommendation \_\_\_\_\_
- d.) Congregation's recommendation \_\_\_\_\_
- e.) Congregational financial recommendation \_\_\_\_\_
- f.) Two fingerprint cards and consent waiver \_\_\_\_\_

**B. RELIGIOUS BACKGROUND**

Home Congregation: \_\_\_\_\_ Pastor(s):

How long have you been a member of this congregation? \_\_\_\_\_ of WELS?

List the positions you have held and duties performed within WELS congregations:

What other non-WELS churches have you belonged to?

**C. EMPLOYMENT INFORMATION**

Name and address of your present employer:

How long have you worked there?

**D. EDUCATIONAL BACKGROUND**

(NOTE: Please have official copies of your high school and college transcripts sent directly to the PSI Director: The Pastoral Studies Institute at Wisconsin Lutheran Seminary, 11831 N. Seminary Drive, Mequon, Wisconsin 53092)

**Highest level of education:**

High School \_\_\_

Some college/technical classes \_\_\_

Associate degree \_\_\_

Bachelor's degree \_\_\_

Master's degree \_\_\_

Doctorate \_\_\_

High School/Institution attended: \_\_\_\_\_

High School diploma/GED \_\_\_\_\_ In what year?

College(s) attended:

Name Year(s)

Main areas of study:

Degree achieved: \_\_\_\_\_ in \_\_\_\_\_

College(s) attended:

Name Year(s)

Main areas of study:

Degree achieved: \_\_\_\_\_ in \_\_\_\_\_

College(s) attended:

Name Year(s)

Main areas of study:

Degree achieved: \_\_\_\_\_ in \_\_\_\_\_

What duties in the congregation will you be involved with during your studies?

I verify that the above information is, to the best of my knowledge, accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pastoral Recommendation for Admission into the Joshua Urban Ministry Program

I, \_\_\_\_\_, currently serve as pastor for Mr. \_\_\_\_\_. He is currently a member in good standing in my congregation. I testify that he has demonstrated the qualifications and character expected of men preparing for the pastoral office. I support his acceptance into JUMP and will continue to encourage and assist him, as I am able, during his studies. If any impediment to his continued training should arise, I will inform JUMP administration immediately.

Please rate the student on the following:

(5 = excellent, 3 = average, 1 = poor, DK = don't know)

comments

1. Worship & communion attendance	5	4	3	2	1	DK	_____
2. Ability to work well in a team	5	4	3	2	1	DK	_____
3. Ability to work independently	5	4	3	2	1	DK	_____
4. Aptitude for church leadership	5	4	3	2	1	DK	_____
5. Aptitude for teaching	5	4	3	2	1	DK	_____
6. Communication skills	5	4	3	2	1	DK	_____
7. Understanding of WELS ministry	5	4	3	2	1	DK	_____
8. Interest in serving in WELS ministry	5	4	3	2	1	DK	_____
9. Faithfulness	5	4	3	2	1	DK	_____
10. Reputation among peers	5	4	3	2	1	DK	_____
11. Initiative	5	4	3	2	1	DK	_____
12. Emotional stability	5	4	3	2	1	DK	_____
13. Christian conduct	5	4	3	2	1	DK	_____
14. Christian concern for others	5	4	3	2	1	DK	_____
15. Academic ability	5	4	3	2	1	DK	_____

Signed:

Dated

(Please attach an additional letter in support of the application if you so desire)

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11831 N. Seminary Drive  
Mequon, Wisconsin 53092

# JUMP

### **Congregational Recommendation for Admission**

The church council of \_\_\_\_\_ Lutheran Church has been informed of the application of Mr. \_\_\_\_\_ for pastoral training through the Joshua Urban Ministry Program of The Pastoral Studies Institute of Wisconsin Lutheran Seminary. We support his application fully. We believe that he has the character along with the necessary intellectual and spiritual capabilities for training to become an ordained pastor. We will support him during his training with our prayers, encouragement, and financial support as stated below.

Signed: \_\_\_\_\_ (President of the congregation)

Date: \_\_\_\_\_

(Please attach an additional letter in support of the application if you so desire)

## Congregational Financial Agreement

Student: \_\_\_\_\_

Because it deems this program of great importance, the Wisconsin Evangelical Lutheran Synod has invested substantial funds developing and operating the Pastoral Studies Institute and its satellite programs. However, it also feels that good stewardship requires that some of the costs be shared with the student and/or his congregation.

The members of \_\_\_\_\_ Lutheran Church have discussed this matter with the above-named student and have decided that these charges will be met in the following way.

- \_\_\_\_\_ The student will take responsibility for the fees.
- \_\_\_\_\_ The congregation will take responsibility for the fees.
- \_\_\_\_\_ The congregation requests that the fees be shared by student, congregation and synod scholarship fund as follows:
  - student \_\_\_\_\_ %
  - congregation \_\_\_\_\_ %
  - grant in aid \_\_\_\_\_ %

*Currently the fees have been set at \$\$\$\$\$ per credit. There are XYX credits in this ministry training program.*

Signed: Congregational Pres.: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

(If grant in aid money is requested, a letter from the congregational president explaining the circumstances and needs must accompany this application.)

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Send the completed application to:  
Joshua Urban Ministry Program  
c/o Wisconsin Lutheran Seminary  
11831 North Seminary Drive  
Mequon, WI 53092

## WAIVER AGREEMENT AND STATEMENT

I hereby authorize the agency listed below to submit a set of my fingerprints to the Wisconsin Department of Justice and the Federal Bureau of Investigation for the purpose of accessing and reviewing Wisconsin and national criminal history records that may pertain to me.

By signing this waiver agreement, it is my intent to authorize dissemination of such criminal history record information that may pertain to me to the agency with which I am employed, seeking employment, seeking to serve as a volunteer, or seeking licensure. I also understand that this information may only be used for the purpose it was submitted.

I understand that it is not employment discrimination because of arrest record to refuse to employ or license, or to suspend from employment or licensing, any individual who is subject to a pending criminal charge or has been convicted of any felony, misdemeanor or other offense if the circumstances of the offense or charge substantially relate to the circumstances of the particular job or licensed activity.

I have been informed of my right to obtain a copy of the criminal history records, if any, and of my right to be given a reasonable amount of time to challenge the accuracy and or to complete any information contained in the criminal history record. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in the Code of Federal Regulations (28 CFR 16.34).

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Name of Agency: Wisconsin Lutheran Seminary  
Agency Address: 11831 N. Seminary Dr., Mequon, WI 53092



## **Instructions for Providing Background Check**

### **Asian Ministerial Training Program and Wisconsin Lutheran Seminary**

- Obtain from the Office of the President of Wisconsin Lutheran Seminary (262-242-8100) two Wisconsin State fingerprint cards.
- Complete top section of two fingerprint cards.
- Do not sign the card. You will do this at the police station.
- Complete the waiver agreement form and have someone witness your signature (anyone can act as witness, e.g., friend, spouse, etc.). Please write legibly.
- Go to the police station and have your fingerprints taken (2 sets/cards). Most police stations have specific times when they do “open” fingerprinting. Call ahead to find out when local times are.
- Put the signed waiver agreement form, completed fingerprint cards, and a check made payable to Wisconsin Lutheran Seminary in the amount of \$41 (this is the amount the State of WI charges the Seminary for the background check) in the self-addressed, stamped envelope and mail back to the Seminary.

If you have questions, feel free to contact Mrs. Leah Leyrer, Assistant to the President (262-242-8100)

[leyrerl@wls.wels.net](mailto:leyrerl@wls.wels.net)