

Mentorship Application



Date: _____

Name: _____ Student ID Number: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Degree Program: Southeastern College Master of Divinity
 Master of Theology (ThM) Master of Arts

Degree Concentration: _____

Hours Completed Toward Degree: _____

Cumulative GPA: _____

Expected Graduation Date: _____

Please state why you would like to participate on the mentorship at the Center for Faith and Culture (approx. 100 words):

Application Submission:

The deadline for application is **August 26, 2017**. Please return your completed application to Emily Harrison (Assistant on behalf of Dr. Ken Keathley, Director, Center for Faith and Culture) via email at cfc@sebts.edu. Applicants will be notified regarding their acceptance or non-acceptance into the program.

Thank you for applying!