application for admission

For the online application, go to www.grace.edu/gradcounseling (choose Apply Now). There is no application fee if you apply online.
Instructions

Please Note: International students must submit a Graduate Department of Counseling and Interpersonal Relations International Student application.

After all 12 parts to your application have been completed and received in our enrollment office, your application will be reviewed by the Admissions Committee.

The following five parts are to be completed and submitted by the applicant to:

<table>
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<tr>
<th>Graduate and Adult Education Enrollment</th>
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<tr>
<td>200 Seminary Drive</td>
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<tr>
<td>Winona Lake, Indiana 46590</td>
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<td>Fax: 574.372.5120</td>
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☐ Application.
☐ Application Questionnaire
☐ Personal Testimony
☐ Photos. Attach two recent photos of yourself to this application or e-mail a digital photo of yourself to mac@grace.edu.
☐ Application fee. Include a $30 nonrefundable application fee with this application. To avoid this fee, apply online at www.grace.edu.

☐ The Personal Questionnaire is to be completed and submitted by the applicant to:

<table>
<thead>
<tr>
<th>Grace Graduate Department of Counseling &amp; Interpersonal Relations</th>
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<tbody>
<tr>
<td>ATTN: Dr. Tammy Schultz, Ph.D., Department Chair</td>
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<tr>
<td>200 Seminary Drive</td>
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<tr>
<td>Winona Lake, Indiana 46590</td>
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☐ The Department Chair will contact you to schedule a Personal interview after receiving your personal questionnaire.

The following five parts are to be completed and/or requested and submitted by the appropriate persons or institutions:

☐ Personal Reference. Complete the top portion of the form and forward it to a qualified individual (not a relative) who knows you well. It will be returned by your reference person directly to our Enrollment Office.

☐ Spiritual Life Reference. Complete the top portion of the form and forward it to your pastor or a spiritual mentor of your choice (not a relative). It will be returned by your reference person directly to our Enrollment Office.

☐ Transcript Request/Student Recommendation. All Graduate Department of Counseling and Interpersonal Relations applicants must submit official transcripts from all post-secondary institutions which they have attended. The transcripts must come directly from the school. Complete the top section of the Transcript Request/Student Evaluation form and send it to the Registrar of each post-secondary school you have attended. (You may need more than one of these forms.) The registrar will complete the remainder of the form and return it with a copy of your official transcripts directly to the Director of Graduate and Adult Education Enrollment.

☐ Graduate Record Examination. The Graduate Record Examination (GRE) is the required examination for acceptance into the Master of Arts in Clinical Mental Health Counseling degree program at Grace. Request that your scores be sent directly to the Director of Graduate and Adult Education Enrollment. This examination should be taken as early as possible. Information about the GRE may be obtained by calling 609-771-7670 or online at www.gre.org. The Grace code number is 1252.

☐ Limited Criminal History. If you are an Indiana resident, go to http://www.in.gov/isp/lch to request a Limited Criminal History report. Complete the information for the history and mark #11 (“Has volunteered services at a public school”) as your “Reason for Request.” This document will not automatically be sent to you. The electronic report will be made available to you when you submit your information online. Please save or print the report and e-mail or mail a copy to the Director of Graduate and Adult Education Enrollment (address above). If you are not an Indiana resident, to request a form go to http://www.checkcriminalbackgrounds.com and click on “state” to request a criminal background check.

Discrimination Policy

Grace admits students of any race, color, national and ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Grace does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Grace is committed to compliance with Title IX of the Federal Education amendments of 1972, except as claimed in religious exemption.

Grace does not discriminate against qualified individuals with disabilities in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities as specified by applicable federal laws and regulations.
I am applying for coursework in:
- M.A. in Clinical Mental Health Counseling degree program
- M.A. in Interpersonal Relations degree program
- Hybrid Online M.A. in Clinical Mental Health Counseling degree program
- Hybrid Online M.A. in Interpersonal Relations degree program

Enrollment Information

Date of anticipated initial enrollment: ☐ Fall ☐ Spring ☐ Summer ☐ Academic Year ______ ☐ Full-time ☐ Part-time

Have you previously studied at Grace College? ☐ Yes ☐ No If yes, dates of your study at Grace College: _________________________________

Have you previously studied at Grace Seminary? ☐ Yes ☐ No If yes, dates of your study at Grace Seminary: ____________________________

Have you previously studied in the Graduate Counseling Program at Grace? ☐ Yes ☐ No If yes, dates of your study: ________________________________

Personal Information

Last Name ________________________________________  First ______________________________________  Middle __________________________________

Address ___________________________________________________________________________________________________________________________________

City ________________________________________________________________State ________________  ZIP ________________  Country _______________________

Telephone _____________________________________________________  Work Telephone ______________________________________________________

Permanent Mailing Address (if different from above) __________________________________________________________________________________

City ________________________________________________________________State ________________  ZIP ________________  Country _______________________

Home Telephone _________________________________________________  Work Telephone ______________________________________________________

Date of Birth __________________________  Age _________________   Place of Birth __________________________________________________________

Social Security Number _______________________________________   E-mail Address __________________________________________________________

Sex: ☐ Male ☐ Female Marital Status (mark all that apply) ☐ Single ☐ Engaged ☐ Married ☐ Widowed

☐ Living together (how long) ________ ☐ Separated (how long) ________ ☐ Divorced (how long) ________

☐ Previous separations ______ ☐ Previous Divorces ______ (Please submit a summary of the context of your divorce)

Spouse’s Name _________________________________________________________________________________________________________________________

Name(s) of Child(ren), Gender, and Date(s) of Birth ______________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Ethnic Background: ☐ African ☐ Asian/Pacific Islander ☐ European ☐ Hispanic ☐ Other

Educational Experience

The applicant must request the registrar of each college, university, and seminary from which a degree has been or will be granted to forward an official transcript to the Director of Graduate and Adult Education Enrollment. If the program of study has not yet been completed, another transcript must be filed after the conclusion of current studies. Please use the Transcript/Student Evaluation form. List all post-secondary schools you have attended since high school:

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<tr>
<th>School</th>
<th>Location</th>
<th>Major</th>
<th>Degree Awarded</th>
<th>Date Degree Awarded</th>
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If you have not yet been awarded your bachelor's degree, when do you expect to receive it? _______________________________________________

Academic honors, prizes, fellowships, etc., which you have received (include honor societies to which you have been elected) _______________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Have you ever been refused admission to or dismissed from a seminary or other graduate school?
☐ Yes ☐ No If yes, please attach a statement explaining the details.

Graduate Record Examination (GRE)

I have taken or will take the examination on _____/_____/____ .

If you are applying for the 62-hour Master of Arts in Clinical Mental Health Counseling degree, GRE scores must be submitted.
See application instructions.

Employment Information

If currently employed, indicate position_________________________________________________________________________________________________

Please indicate any significant business, occupational, and military experience:

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<th>Organization</th>
<th>Position &amp; Nature of Work</th>
<th>Dates of Employment</th>
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Influencing Factors

Please indicate the significant factors that influenced your choice of a program in Grace Graduate Department of Counseling and Interpersonal Relations. Check all that apply, and please be as specific as possible:

☐ Advertising (specify) ___________________________ ☐ Alumnus (who?) ___________________________

☐ CE National Programs (specify) ___________________ ☐ Church/Pastor ___________________________

☐ College Fair (where?) ___________________________ ☐ Letters from Grace _________________________

☐ Grace Reps (who?) _______________________________ ☐ Grace’s Reputation _________________________

☐ Campus Visit ___________________________________ ☐ Relative (who?) ___________________________

☐ Current Student(s) ______________________________ ☐ Calls from Grace ___________________________

☐ Web Site _______________________________________ ☐ AACC _________________________________

☐ Meeting with Graduate Admissions Counselor ___________ ☐ Other (specify) ________________________

Church Information

Name of Church _________________________________________________________________

Address __________________________ State ____________ ZIP ____________ Country ____________

City __________________________ State ____________ ZIP ____________ Country ____________

Denomination __________________________ Length of Membership ___________________________

Church Telephone Number __________________________ Name of Pastor ________________________
Friends/Relatives

What friends or relatives would you like for information about becoming a student at Grace College, Grace Graduate Department of Counseling and Interpersonal Relations, or Grace Theological Seminary to be sent?

Name _________________________________________________________________________________________________________________________________
Address ________________________________________________________________________________________________________________________________
City _________________________________________________________________________________________  State _________________  ZIP _____________________
Telephone __________________________________________  E-mail _____________________________________________________________________________

Please send information about the  ○ College  ○ Graduate Department of Counseling and Interpersonal Relations  ○ Seminary

Name _________________________________________________________________________________________________________________________________
Address ________________________________________________________________________________________________________________________________
City _________________________________________________________________________________________  State _________________  ZIP _____________________
Telephone __________________________________________  E-mail _____________________________________________________________________________

Please send information about the  ○ College  ○ Graduate Department of Counseling and Interpersonal Relations  ○ Seminary

Grace Standards and Guidelines

Have you personally accepted Jesus Christ as your Savior?  ○ Yes  ○ No  If yes, describe your relationship with Jesus Christ. Please use the form on the last page of this application to state how and when you came to such a commitment.

Have you ever regularly used tobacco, alcoholic beverages, or illegal drugs?  ○ Yes  ○ No
If yes, state which and how long since usage _______________________________________________________________________________________________

Please read the following statement thoughtfully before signing:

Grace strives to create and promote an atmosphere that will encourage the student to develop the highest attainable degree of maturity within the framework of an evangelical Christian faith. The Christian life is primarily positive rather than negative. However, Grace feels that a few specific standards are necessary in the best interests of the student body. In order to establish a wholesome environment, all students are asked to subscribe to these standards prior to admission. Any student who can accept these guidelines conscientiously will find Grace a congenial atmosphere in which to nourish Christian faith.

Grace holds that:
• The Bible is the fully inspired Word of God, and its teachings are the final authority in matters of faith and life.
• Jesus Christ should be the foundation and center of every individual's life.
• As a life can never be complete without fulfillment in Christ Jesus and His Word, neither is knowledge complete except as it relates to God's eternal values.
• An important aspect of student life at Grace is corporate worship and fellowship. Therefore, regular attendance at chapel and Sunday services (in an evangelical church) is required of all full-time students.
• As part of Grace's commitment to a distinctive lifestyle and experience, students are to refrain from the use of alcoholic beverages, illegal drugs, tobacco, sexual misconduct, gambling, cheating, theft, coarse or obscene language, or any other conduct inconsistent with the goals and traditions of the school. Further, Grace deplores those aspects of theatre, entertainment media, and literature which are morally degrading; students are to abstain from such activities.
• It should be understood that any behavior which indicates that an enrolled student has little regard to living a life honoring to God, or whose conduct evidences a spirit of disregard for the school standards, will be sufficient reason for disciplinary action or dismissal.

If admitted as a student to Grace Graduate Department of Counseling and Interpersonal Relations, I will strive to: grow intellectually and spiritually; earnestly seek to abide by and maintain the above standards, and work to make a positive contribution to the campus environment.

Signature _____________________________________________________________________________  Date _______________________________________
1. What are your future career goals? Please check all that apply:

- Full-time counselor in local church
- Full-time counselor, private practice
- Pursue a doctorate
- Mental health counselor
- Other—Please specify _____________________________________________________________________

2. State why you are interested in pursuing studies in the Grace Graduate Department of Counseling and Interpersonal Relations:

3. What experiences have you had that have led you to prepare for a future ministry in counseling?

4. List any seminars (speaker, topic, location) related to counseling that you have attended.

5. Do you have any experience counseling people? If so, please describe.
6. If you had the M.A. in Clinical Mental Health Counseling degree or M.A. in Interpersonal Relations degree today, how would you see your training and personal abilities being used by the Lord?

7. Describe how you see the issues of biblical teaching and counseling relating to each other.

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**legal questionnaire**

Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer “Yes” if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge.  

☐ Yes ☐ No

If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense, date, court where conviction was entered and any other relevant information.

Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in the question above)?  

☐ Yes ☐ No

If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge and any other relevant information.

Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children?  

☐ Yes ☐ No

If yes, please explain below.

Signature ___________________________________________  Date __________________________
Your personal testimony is part of your application for admission. Please use the space below to write your personal testimony. You may wish to produce your testimony on a separate sheet and attach it to this sheet.

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Thank you for taking the time to complete this form. Please fax or mail completed application form (except Personal Questionnaire) to:

ATTN: Graduate & Adult Enrollment
200 Seminary Drive • Winona Lake, Indiana 46590 • Fax 574.372.5120
To Be Completed by Applicant (please print)

Last Name ___________________________________________  First _____________________________________  Middle _________________________________
Address _______________________________________________________________________________________________________________________________
City ______________________________________________________________  State _____________________________  ZIP _________________________

I willingly waive any right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature ___________________________________________________________________________  Date ___________________________________________

To the Applicant: Please give this form to the reference, who will return it directly to Director of Graduate and Adult Education Enrollment.
NOTE: Your application will not be evaluated until this reference is received.

To Be Completed by Reference Person (Pastor or Spiritual Mentor)

Last Name ___________________________________________  First _____________________________________  Middle _________________________________
Address _______________________________________________________________________________________________________________________________
City ______________________________________________________________  State _____________________________  ZIP _________________________
Title/Position __________________________________________________________________________________________________________________________
Church ___________________________________________  Telephone ___________________________________________________

Please indicate your association or contact with the applicant (check all that apply):

- ☐ I have known the applicant for _____ years.
- ☐ I have observed the applicant’s service in the church
- ☐ I have had only casual contact with the applicant
- ☐ Other ___________________________________________

Please Indicate Your Perception of the Applicant

This information is treated confidentially and is used in evaluating the applicant. We value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant.

Clarity of Goals

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<th>Poor</th>
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<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
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- Has a clear sense of direction in pursuit of goals
- Has the support of his or her spouse

Industry

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<th>Good</th>
<th>Superior</th>
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- Demonstrates the effort necessary to achieve goals
- Expends effort and energy wisely
- Foresees problems realistically
- Approaches problems in a constructive manner
- Accepts well-meant criticism and uses it constructively
- Demonstrates openness regarding personal feelings

Ability To Think Critically

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<th>Poor</th>
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<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
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- Shows insight in identifying problems
- Utilizes relevant resources in solving problems

Financial Responsibility

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<th>Superior</th>
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- Shows responsibility in money matters (credit, etc.)

Interpersonal Relationships

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<th>Superior</th>
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- Participates willingly and effectively in a group
- Shows leadership ability when the occasion permits
- Relates with others in a meaningful way
- Demonstrates a teachable spirit or attitude
- Demonstrates genuine concern for others
Initiative and Creativity

Reflects originality in approaching problems
Recognizes and accomplishes necessary tasks
Demonstrates initiative

General Impressions

Generally acceptable in personal appearance
Socially acceptable in personal habits
Well accepted by associates
Possesses a wholesome attitude toward others
Displays common sense
Displays emotional stability

Skill in Communication

Speaks clearly and effectively
Expresses ideas clearly in writing
Interprets accurately and effectively the ideas of others

Personal and Intellectual Integrity

Accurately appraises strengths and weaknesses
Pursues goals ethically and conscientiously
Displays moral integrity
Demonstrates reliability

What is your overall evaluation of this applicant?

Are you aware of any concerns that would prevent the applicant from being successful in this program?

Has there ever been any evidence of criminal or social problems?  ○ Yes  ○ No  If yes, please give particulars.

Please mark the term that best describes your expectations for success of this applicant in the Grace Graduate Department of Counseling and Interpersonal Relations:

○ Enthusiastically  ○ Strongly  ○ With average expectations  ○ With reservation  ○ Not recommended
○ I prefer to discuss this further. Please call me at this telephone number during the daytime: ________________________________

Signature __________________________________________ Date __________________________

Thank you for taking the time to complete this recommendation form. Please mail or fax this completed form to:

ATTN: Graduate & Adult Enrollment
200 Seminary Drive • Winona Lake, Indiana 46590 • Fax 574.372.5120

Spiritual Life Reference p. 2
Instructions: All answers are to be indicated with an "X" where circles have been provided, or by entering the most appropriate number as instructed, or, where indicated, with a brief written response. Please follow directions in each section carefully.

Note: This questionnaire should be sent to the Department Chair. Please give candid answers so that fair consideration may be given to you.

Please indicate to which program you are applying.

Residential:
- ☐ M.A. in Clinical Mental Health Counseling
- ☐ M.A. in Interpersonal Relations

Hybrid / Online:
- ☐ M.A. in Clinical Mental Health Counseling
- ☐ M.A. in Interpersonal Relations

Please print clearly.

Name ___________________________ Date ___________________________
Address ___________________________ City ___________________________
State ___________ ZIP ___________ Telephone ___________________________ Age ________ ☐ Male ☐ Female
E-mail Address ___________________________

I. General Questions

A. What do you see as your primary abilities and skills in relation to counseling?
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

B. What experience do you have, if any, in the counseling role?
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
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__________________________________________________________________________________________________________________________________________
C. Why are you applying to this program? (Please circle the percentage of your motivation in each of the following three areas so that they total 100 percent.)

1. To get personal help in my life 0% 20% 40% 60% 80% 100%
2. To gain experience for lay ministry 0% 20% 40% 60% 80% 100%
3. To train as a professional counselor 0% 20% 40% 60% 80% 100%

Please comment:______________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

D. Some of our students have discovered that counseling is not their greatest strength or interest. How open are you to being redirected to an alternative program of study during your time in the Grace Graduate Department of Counseling and Interpersonal Relations? (Circle one of the following numbers.)

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<td>Very</td>
<td>Somewhat</td>
<td>Not at all</td>
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II. Marital Status

Place an "X" in the appropriate circle(s), and answer all questions in that section. Please read all of the options before selecting your answer.

A. ○ Married:  • How long? ___ years  • How many children do you have (if any) ______
              • Is your spouse supportive of you entering graduate school? ○ Yes ○ No

B. ○ Widowed:  • How long? ___ years  • How many children do you have (if any) ______

C. ○ Single:  • How many children do you have (if any)? ______

D. ○ Separated:  • How long? ___ years  Previous separations ______ Dates of separations ________________
              • Are you legally separated? ○ Yes ○ No
              • Is your spouse supportive of you entering graduate school? ○ Yes ○ No
              • How many children do you have (if any)? ______
              • With whom do your children live? ○ Self ○ Spouse ○ Both

E. ○ Divorced  • How long? ___ years  • Date of finalized divorce ____________________________
              • Previous divorce(s) ______  • Date(s) of divorce(s) ________________________________
              • How many children do you have (if any)? ______
              • Who has custody of the children? ○ Self ○ Spouse ○ Shared

              Please attach a typed statement giving pertinent details regarding the circumstances of the divorce, the time frame involved, and the subsequent response to God's grace. While there is no requirement for a minimum amount of time elapsed since the divorce, the Admissions Committee is seeking assurance that enough time has passed to allow a resolution of the issues created by the divorce.

F. ○ Remarried  • How long? ___ years  Other remarriages ________________________________
              • How many children from the: First marriage ______ Second marriage ______ Other ______

              Please attach a typed summary of the circumstances of your divorce and include it when you submit your application.

III. Family History

Place an "X" in the appropriate circle(s).

A. Your parents’ marital status is:
   ○ Married:  • When? ___
   ○ Widowed:  • When? ___
                   • Death was: ○ Illness ○ Accident ○ Suicide
                   • Deceased is ○ Mother ○ Father ○ How old were you? ______
   ○ Separated  • When? ___  • How old were you?
   ○ Divorced  • When? ___  • How old were you?
   ○ Remarried  • When? ___  • How old were you?
   ○ Single
B. Was your home  ○ Christian or ○ non-Christian?

C. The number of siblings in your family of origin is: _________

D. Did you experience any personal trauma(s) in your family background?  ○ Yes  ○ No
   If yes, do you believe it still affects you today?  ○ Yes  ○ No

Comment if you wish:

E. As a child, were you:
   • Adopted?  ○ Yes  ○ No
   • Abandoned?  ○ Yes  ○ No
   • Raised in foster home(s)?  ○ Yes  ○ No  If yes, how many? _________
   • Raised in an alcoholic home?  ○ Yes  ○ No

Comment if you wish:

F. The person who contributed most to your development during the childhood years was:  ○ Mother  ○ Father  ○ Both  ○ Other

Comment if you wish:

IV. Physical History
   A. Do you have or have you ever had any of the following:
      • Head injury?  ○ Yes  ○ No
      • Learning Disability?  ○ Yes  ○ No
      • Chronic physical illness and/or chronic pain?  ○ Yes  ○ No  • If yes, please indicate: ______________________________
      • Mental disorder, such as:
         • Schizophrenia?  ○ Yes  ○ No
         • Bipolar depression?  ○ Yes  ○ No
         • Other?  ○ Yes  ○ No  • Please indicate: ______________________________

If you answered "Yes" to any of the above questions, please indicate the nature, extent, and duration:

V. History of Personal Counseling
   A. Have you ever gone for personal or marital/family counseling?  ○ Yes  ○ No  ○ On several occasions in my life
   B. How long did therapy last?  _________ # sessions.
   C. Approximate dates of first and last sessions: ______________________________
   D. The gender of the counselor was:  ○ Female  ○ Male
E. The sessions consisted of:
  • Individual therapy  ○ Yes ○ No
  • Group therapy  ○ Yes ○ No
  • Family therapy  ○ Yes ○ No
  • Couple's therapy  ○ Yes ○ No

F. What type (model) of counseling did you receive (e.g., behavioral, cognitive, systemic, etc.)? ____________________________________________
  • Was the counseling  ○ religious or  ○ secular?

G. How helpful/effective was the counseling? (Circle one of the following numbers)

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very helpful</td>
<td>Somewhat helpful</td>
<td>Made things worse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H. What changed as a result of counseling? ____________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

VI. Psychological History

A. Have you struggled with emotional or psychological problems like:
  • Suicide attempts?  ○ Yes ○ No
  • Suicidal thoughts or desires?  ○ Yes ○ No
  • Depression?  ○ Yes ○ No
  • Anxiety and/or panic disorders?  ○ Yes ○ No
  • Sexual disorders and/or addictions?  ○ Yes ○ No
  • Burnout or breakdown?  ○ Yes ○ No
  • Food and/or diet and exercise addictions?  ○ Yes ○ No
  • Addition to alcohol or other substances (including over-the-counter medications)?  ○ Yes ○ No

Comment if you wish: ____________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

B. Do you have any reason to believe that you may have been abused in any of the following ways?
  • Physically  ○ Yes ○ No
  • Emotionally  ○ Yes ○ No
  • Sexually  ○ Yes ○ No
  • Spiritually  ○ Yes ○ No
  • Other (please specify) ________________________________________________________________

What form of therapy have you received or are receiving to help you recover from the abuse? ________________________________

Do you believe the abuse still affects you today?  ○ Yes ○ No

C. Have you ever perpetrated abuse in any of the following ways?  • Physical  ○ Yes ○ No  • Sexual  ○ Yes ○ No

D. Are you currently on any medications?  ○ Yes ○ No

E. Identify the medication(s) and explain the effects: ____________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
VII. Relationships
A. Select the number on the scale that best describes you and place it next to the four types of relationships:
• General acquaintances #_____  • Friendships #_____  • Family (extended) #_____  • Family (immediate) #_____

What level of involvement best describes you?

1 2 3 4 5
I prefer casual involvement and/or limited involvement
I am responsive and friendly
I intensely pursue involvement

B. What do you have to offer others in a relationship?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

C. What about you makes it difficult for others to be in a relationship with you?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

D. The way I feel about being a woman or a man is (circle the number):

1 2 3 4 5
Very comfortable  I seldom think about it  Very uncomfortable

E. The way I feel about being in a relationship with someone of the other gender is (circle the number):

1 2 3 4 5
Very comfortable  I seldom think about it  Very uncomfortable

VIII. Spiritual History
How would you describe your relationship with God?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

We reserve the right to verify application data and review background information.
For more information refer to the Admissions Policy, located in the Grace catalog.
Thank you very much for taking the time to give us this information about your life.
Please indicate with your signature that this information may be used as stated under "Note" on page 1 of this questionnaire.

Signature ___________________________________________  Date __________________________

Please mail the completed Personal Questionnaire to:
Tammy Schultz, Ph.D., Department Chair
Grace Graduate Department of Counseling and Interpersonal Relations
200 Seminary Drive, Winona Lake, Indiana 46590

Please note: Do not send the completed Personal Questionnaire with your application for admission.
The completed Personal Questionnaire must be sent separately to Dr. Tammy Schultz.
To Be Completed by Applicant (please print)

Last Name ___________________________________________  First _____________________________________  Middle _________________________________
Address _______________________________________________________________________________________________________________________________
City ______________________________________________________________  State _____________________________  ZIP _________________________
I waive any right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature ___________________________________________________________________________  Date ___________________________________________

To the Applicant: Please give this form to the reference, who will return it directly to Director of Graduate and Adult Education Enrollment.

NOTE: Your application will not be evaluated until this reference is received.

To Be Completed by Reference Person (please print)

Last Name ___________________________________________  First _____________________________________  Middle _________________________________
Address _______________________________________________________________________________________________________________________________
City ______________________________________________________________  State _____________________________  ZIP _________________________
Title/Position __________________________________________________________________________________________________________________________
Church __________________________________________________  Telephone ___________________________________________________

Please indicate your association or contact with the applicant (check all that apply):

☒ I have known the applicant for _____ years.
☒ I have observed the applicant’s service in the church
☒ I have had only casual contact with the applicant
☒ Other ___________________________________________

Please Indicate Your Perception of the Applicant

This information is treated confidentially and is used in evaluating the applicant. We value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant.

Clarity of Goals

<table>
<thead>
<tr>
<th>Has a clear sense of direction in pursuit of goals</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the support of his or her spouse</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Industry

<table>
<thead>
<tr>
<th>Demonstrates the effort necessary to achieve goals</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expends effort and energy wisely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Foresees problems realistically</td>
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<tr>
<td>Approaches problems in a constructive manner</td>
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<tr>
<td>Accepts well-meanit criticism and uses it constructively</td>
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<tr>
<td>Demonstrates openness regarding personal feelings</td>
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</tbody>
</table>

Ability To Think Critically

<table>
<thead>
<tr>
<th>Shows insight in identifying problems</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizes relevant resources in solving problems</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Financial Responsibility

<table>
<thead>
<tr>
<th>Shows responsibility in money matters (credit, etc.)</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

Interpersonal Relationships

<table>
<thead>
<tr>
<th>Participates willingly and effectively in a group</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows leadership ability when the occasion permits</td>
<td></td>
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<tr>
<td>Relates with others in a meaningful way</td>
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</tr>
<tr>
<td>Demonstrates a teachable spirit or attitude</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates genuine concern for others</td>
<td></td>
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</tr>
</tbody>
</table>
Initiative and Creativity

Reflects originality in approaching problems
Recognizes and accomplishes necessary tasks

General Impressions

Generally acceptable in personal appearance
Socially acceptable in personal habits
Well accepted by associates
Possesses a wholesome attitude toward others
Displays common sense
Displays emotional stability

Skill in Communication

Speaks clearly and effectively
Expresses ideas clearly in writing
Acurately and effectively interprets the ideas of others

Personal and Intellectual Integrity

Accurately appraises strengths and weaknesses
Pursues goals ethically and conscientiously
Displays moral integrity
Demonstrates reliability

What is your overall evaluation of this applicant?

Are you aware of any concerns that would prevent the applicant from being successful in this program?

Do you know of any views that would make it difficult for the applicant to be a part of Grace Graduate School community?  ○ Yes  ○ No
If yes, please explain.

Has there ever been any evidence of criminal or social problems?  ○ Yes  ○ No  If yes, please give particulars.

I recommend this applicant for graduate studies in the Grace Graduate Department of Counseling and Interpersonal Relations:

○ Enthusiastically  ○ Strongly  ○ With average expectations  ○ With reservation  ○ Not recommended
○ I prefer to discuss this further. Please call me at this telephone number during the daytime: __________________________

Signature ____________________________________________ Date __________________________

Thank you for taking the time to complete this recommendation form. Please mail or fax this completed form to:

ATTN: Graduate & Adult Enrollment
200 Seminary Drive • Winona Lake, Indiana 46590 • Fax 574.372.5120

Personal Reference p. 2
transcript request/student evaluation

To Be Completed By Applicant (please print)

I, (full name) ____________________________________________________ , (Social Security No.) ____________________________________________, authorize the Registrar of (name of school) ________________________________ to release my official transcripts for use as requested by Grace Graduate Department of Counseling and Interpersonal Relations and to respond candidly to the questions asked on this form.

I last attended during ______________________ (term, quarter, semester) of __________ (year).

Applicant’s Signature: ________________________________ Date: _____ / ___ / ____.

To Be Completed By Dean, Registrar, or Appropriate Official (please print)

NOTE: The application will not be evaluated until Grace Graduate Department of Counseling and Interpersonal Relations has received this form and the applicant’s official transcripts. We value your comments and ask that you give a candid report so fair consideration may be given to the applicant. This information is treated confidentially and is used in evaluating the applicant.

1. Regarding graduate school citizenship, would you rank this student as:
   - Desirable
   - Of doubtful desirability
   - Undesirable

2. Has this student ever been under academic probation or social discipline while attending your institution?
   - No
   - Yes
   - If yes, please give a brief statement of the nature of the probation and offense.

3. Would this student be permitted to return to your institution at a later date?
   - Yes
   - No
   - If no, please indicate reason.

4. Any further comments (use additional paper if necessary).

4. How strongly would you recommend this applicant to Grace Graduate Department of Counseling and Interpersonal Relations?
   - Strongly
   - Acceptable
   - With reservation

Signature___________________________________________ Position/Title_______________________________________

Institution_____________________________________________________________ Date____________________________

Thank you for taking the time to complete this form. Please mail this completed form and the applicant’s official transcripts directly to:

ATTN: Graduate & Adult Enrollment
200 Seminary Drive • Winona Lake, Indiana 46590 • Fax 574.372.5120