



Master of Arts in Clinical Mental Health Counseling • Master of Arts in Interpersonal Relations

# application for admission

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

**GRACE**  
GRADUATE DEPARTMENT  
OF COUNSELING AND  
INTERPERSONAL RELATIONS

200 Seminary Drive • Winona Lake • Indiana • 46590  
Toll-Free: 877.607.0012  
E-mail: [mac@grace.edu](mailto:mac@grace.edu) • On the Web: [www.grace.edu/gradcounseling](http://www.grace.edu/gradcounseling)

# application instructions

200 seminary drive

winona lake, in 46590

877.607.0012

**GRACE**

GRADUATE DEPARTMENT  
OF COUNSELING AND  
INTERPERSONAL RELATIONS

www.grace.edu/gradcounseling

## 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:

**Graduate and Adult Education Enrollment**  
200 Seminary Drive  
Winona Lake, Indiana 46590  
Fax: 574.372.5120

- 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](http://www.grace.edu).

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

**Grace Graduate Department of Counseling & Interpersonal Relations**  
ATTN: Dr. Tammy Schultz, Ph.D., Department Chair  
200 Seminary Drive  
Winona Lake, Indiana 46590

- 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](http://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.

# application

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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:

School	Location	Major	Degree Awarded	Date Degree Awarded

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:

Organization	Position & Nature of Work	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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) \_\_\_\_\_
- CE National Programs (specify) \_\_\_\_\_
- College Fair (where?) \_\_\_\_\_
- Grace Reps (who?) \_\_\_\_\_
- Campus Visit \_\_\_\_\_
- Current Student(s) \_\_\_\_\_
- Web Site \_\_\_\_\_
- Meeting with Graduate Admissions Counselor \_\_\_\_\_
- Alumnus (who?) \_\_\_\_\_
- Church/Pastor \_\_\_\_\_
- Letters from Grace \_\_\_\_\_
- Grace's Reputation \_\_\_\_\_
- Relative (who?) \_\_\_\_\_
- Calls from Grace \_\_\_\_\_
- AACC \_\_\_\_\_
- Other (specify) \_\_\_\_\_

## Church Information

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

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 deprecates 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 \_\_\_\_\_

# application questionnaire

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[www.grace.edu/gradcounseling](http://www.grace.edu/gradcounseling)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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. In 400 - 500 words, please describe how one's faith can impact counseling.

## 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 \_\_\_\_\_





**Initiative and Creativity**

Poor Average Good Superior Not Sure Not Applicable

- 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:

As pastor/spiritual mentor, 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 questionnaire

200 seminary drive

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[www.grace.edu/gradcounseling](http://www.grace.edu/gradcounseling)

**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?

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B. What experience do you have, if any, in the counseling role?

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- 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



## 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 and/or limited involvement		I am responsive and friendly		I intensely pursue involvement

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

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

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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 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? \_\_\_\_\_

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**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.*



**Initiative and Creativity**

Poor Average Good Superior Not Sure Not Applicable

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

Accurately 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**

# transcript request/student evaluation

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www.grace.edu/gradcounseling

## 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**