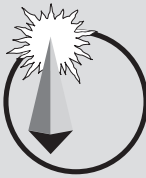


DOCTORATE OF
Divinity
in Metaphysics
& Spirituality



Alliance of Divine Love, Inc.
Doctoral Program

Please mail your application, check and attachments to:
DDMS Program Administrator
Rev. Dr. Bob Estling
Alliance of Divine Love, Inc.
P.O. Box 93235
Albuquerque, NM 87199-3235

Questions? E-MAIL revbob@seraphimcenter.org
or CALL 352-339-5946

APPLICATION INFORMATION *(Applications are confidential)*

Blessed BE! Rev. Dr. Bob Estling

Please type or print clearly and use additional paper if/when needed.

Full Name _____ EIN # (if any) _____

Address _____ City _____ State _____ Nine digit Zip Code _____

() _____ () _____ () _____ () _____

Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____

Email _____ Web Page _____

EDUCATION

Education (circle highest achieved): **School** 1 2 3 4 5 6 7 8 9 10 11 12 **College** 1 2 3 4 **Graduate** 1 2 3 4 5 6

School last attended _____

List any/all degrees _____

I HAVE HAVE NOT studied and completed the exercises in the ADL books *Ever Closer, Even Closer* and *Ministerial Lessons*.

ADL Chapel Number _____ Ordination Date _____ Internship Complete Date _____

Name of your ADL trainer _____

If you have not completed your ADL ministerial studies, when is your anticipated date of completion? _____ (date)

Be sure to include the name of your ADL Trainer above.

WORK HISTORY / OTHER

Occupation(s) in addition to ADL minister: _____

Work History the past seven years: _____

If necessary, please attach additional information or your resumé.

Have you ever been arrested, charged with, or convicted of a felony? YES NO

If yes, please explain the circumstances and status on a separate piece of paper and attach. Failure to be forthcoming with this information will jeopardize your application, cause you to be dismissed from the DDMS Program, and forfeit all fees.

List additional Spiritual training, certifications, experiences, ministries, and degrees.

If necessary, please attach additional information

I will accept the professor assigned to me by the DDMS Admissions Committee.

My first choice of a DDMS professor is Rev. Dr. _____.

Please attach a personal letter of application, two pages maximum, stating your desire to be considered for the DDMS Program.

Please attach a minimum of 2 letters of recommendation and support from people who know you and can vouch for your character, spirituality, and your level of Divine Love in action, including their address, phone number(s) and email address.

Dear DDMS Admissions Committee, It is my desire to be considered for the 2-3 year DDMS program. I understand the deep commitment this entails – requiring my time, dedication, creativity, and financial resources. Enclosed is my \$100.00 check made out to the Alliance of Divine Love, Inc., which is my admissions/processing fee. I understand the fee is non-refundable whether or not I am accepted in the program. If accepted, I understand that I must complete this program within a maximum of 5 years, and that the total program will cost \$3,000; \$1,000 to be paid at the beginning of each part, (I, II, and III) and that there may be some additional costs involved with my graduation.

Signed _____ Date _____