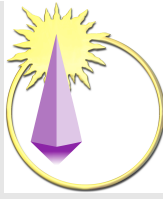


**DOCTORATE OF
DIVINITY**
*in Metaphysics
and Spirituality*



Alliance of Divine Love, Inc.
Doctorate Program

Please mail your application, check to
DDMS Degree
The Alliance of Divine Love, Inc.
P.O. Box 247
Mill Spring, NC 28756 Phone: 828-388-2102
Email: Rev. Dr. Linda Marie Nelson, Education Chair
AllianceOfDivineLove@gmail.com

APPLICATION INFORMATION

(Applications are confidential)

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

Full Name		EIN # (if any)		
Address		City	ST	9 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 all earned 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 Completed 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 resume.

Please attach a copy of your Chapel's EIN Confirmation Letter from the IRS.

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 addresses, phone numbers and e-mail addresses.

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; with \$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 _____