



APPLICATION FOR ARTS AFFILIATE STATUS

Submission Date: _____

Institution's Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Chief Executive Officer: _____ CEO's email: _____

Institution's expected representative to the annual ARTS meeting in October: _____

Institution's Website and other media channels:

Website _____

Facebook _____

Twitter _____

Podcasts _____

Blog _____

Newsletter _____

Other _____

[These documents, publications, and information must be posted on the institution's website. (Do not send these items to ARTS.)]

1. Provide as an appendix to this application:

- a. A letter signed by the chief executive and institution’s board of control chair indicating its desire to seek affiliate status with ARTS. The letter should include:
 - 1) The published goals, mission, history, and objectives of the institution.
 - 2) An explanation of how you see an affiliation with ARTS being beneficial to the furtherance of your operations.
- b. Applicant must include as an appendix, a letter, signed by their chief executive and the institution’s board of control, expressing the institution’s adherence to one or more of the following ARTS tenets of faith. Adherence to these tenets must be readily available to the public in accessible documents, catalogs, and the institution’s website. (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Westminster Confession and Catechism | <input type="checkbox"/> Canons of Dordt |
| <input type="checkbox"/> First & Second Helvetic Confessions | <input type="checkbox"/> Belgic Confession |
| <input type="checkbox"/> Heidelberg Catechism | <input type="checkbox"/> London Confession of 1689 |

2. Denominational and/or church Affiliation (if any)

3. Name of Officers & Contact Information (a person may hold more than one position. The President must be employed by the institution and not a volunteer position)

POSITION	NAME	HIGHEST DEGREE	EMAIL
President			
Academic Officer			
Financial Officer			
Development Director			
Registrar			
Faculty			
Continue list of faculties (full-time and adjunct as needed)			

4. Enrollment

Degree Programs	# of Students currently enrolled for credit (not auditors)	# of Graduates one year ago	# of Graduates current year
Undergraduate Programs			
Certificate			
Diploma			
BTh			
BDiv			
Master's Degree Programs			
MA			
MDiv			
ThM			
Doctoral Degree Programs			
DMin			
PhD			
PLEASE ADJUST THE ABOVE LIST TO REFLECT YOUR ACTUAL PROGRAM OFFERINGS			

- a. a list of the degree programs offered;
- b. the number of enrolled students in each degree programs;
- c. academic rigor being pursued;
- d. and agreement with the academic objectives of ARTS Standards of Accreditation.

5. Further conditions of eligibility: Along with this application, please include all documentation showing compliance with the *Five Conditions of Eligibility* for affiliate status, as outlined in the ARTS Affiliate Program Description, available at <http://artseminaries.org/wp-content/uploads/2016/08/ARTS-Affiliate-Program-Description-1.pdf>. Specifically, eligibility condition two - the applicant must demonstrate they are a non-profit organization and have a legal authority to operate in its state of location.

6. Governing Board (Attach to this application a description of the governing board that satisfies ARTS-COA governance eligibility requirements, found in the ARTS Standards of Accreditation #7.)

7. On behalf of the above-named institution, we hereby apply for affiliate status with the Association of Reformed Theological Seminaries. (to be signed by the institution's chief executive or dean of academic affairs).

Name _____ Title _____

Date _____ Signature _____

Mail completed application with a non-refundable \$500 fee to:

**The Association of Reformed Theological Seminaries
326 Woodland Ave E
Puyallup, WA 98371**

**You may also email your application to the ARTS Executive Director at:
arts@artseminaries.org**

