



**MAKING  
CONNECTIONS**  
*A Program of North Park Theological Seminary*

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## Pastor-In-Residence Program Application

**NORTH PARK  
THEOLOGICAL  
SEMINARY** OF CHICAGO

**Date:** \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Present Ministry Position: \_\_\_\_\_

Church or Organization: \_\_\_\_\_

Church City: \_\_\_\_\_ Church State: \_\_\_\_\_

### Travel Specifics:

First Choice Dates: \_\_\_\_\_

Second Choice Dates: \_\_\_\_\_

Third Choice Dates: \_\_\_\_\_

Housing Needed? YES NO If yes, for how many people? \_\_\_\_\_

I plan to travel by: Car Bus Plane Train Other: \_\_\_\_\_

Expected Arrival Time (for readiness of housing): \_\_\_\_\_

**Nature of Visit:** (check all that apply)

Retreat     Studies     Teaching Pastor     Other \_\_\_\_\_

Areas of Interest (field of study, department, or specific project): \_\_\_\_\_

Desired Teaching Partner and/or Consultants (field or department relevant to area of interest):

Desired Seminary Community Involvement:

Classroom Reflection

Workshop Teaching

Lunch with Students

Lunch with Faculty

Panel Discussion

Chapel Preaching

Receive Spiritual Direction

Subjects of Expertise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACCOUNTABILITY STATEMENT**

**I understand that upon completion of my stay at North Park Theological Seminary, I am expected to submit an accountability statement to the office of the president and dean.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Feel free to contact Mary Miller with any questions: 773-244-6247 or mmiller@northpark.edu.*

Please return this completed form to:

North Park Theological Seminary  
Attn: Mary Miller  
3225 West Foster Avenue  
Chicago, Illinois 60625

Thank you!