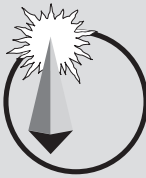


**DOCTORATE OF**  
*Divinity*  
*in Metaphysics*  
*& Spirituality*



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.  
8744 Oldham Way  
West Palm Beach, FL 33416

**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.

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 \_\_\_\_\_