

School of Ministry Application

DESIRED CLASS OF MINISTER

 Commissioned Minister	Licensed Minister

___ Chaplain

_____ Ordained Minister

PERSONAL INFORMATION

Title (circle one): Mr. Mrs. Ms. Oth	er:	Sex:MF
Full Legal Name:		
Address:		
Telephone:		
		Race:
Language:	Marital Status:	Education:
Current Employment:		Phone:
Military: YES / NO If yes:	ACTIVE / INACTIVE	Dates Served:
		ATION Denomination: Phone:
	REMEMBER	
a written statement o	about your call/desire to m	our resume, any ministry certificates/license, iinistry, and a \$25 application fee. n Pursue Life School of Ministry.
	e for <u>each</u> semester. The tu nts are responsible for the	uition will be applied to your first semester. cost of textbooks.
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By signing below, you are affirming the information provided is accurate to the best of your knowledge.

Signature:

Date: