



**PLEASE TYPE OR PRINT CLEARLY:**

Personal Information (Required) SSN or National ID#: \_\_\_\_\_ Resource Center#: \_\_\_\_\_

FirstName: \_\_\_\_\_ MiddleName: \_\_\_\_\_ LastName: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP (or Country if not US/Canada): \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

**DESIRED DEGREE PROGRAM (Check both boxes, degree and program emphasis):**

<u>Undergraduate Programs:</u> <input type="checkbox"/> Associate of Arts in Ministry <input type="checkbox"/> Bachelor of Arts in Christian Studies (Academic Track) <input type="checkbox"/> Bachelor of Ministry (Professional Track)	<u>Graduate Programs:</u> <input type="checkbox"/> Master of Theological Studies(M.T.S.) <input type="checkbox"/> M.T.S. in Pastoral Care <input type="checkbox"/> Master Arts (M.A.) <input type="checkbox"/> Master of Divinity (M.Div.) <input type="checkbox"/> Doctor of Ministry (D.Min.)
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**PROGRAM EMPHASIS:**

**METHOD OF STUDY:**

<u>Bachelor's Completion Only</u> <input type="checkbox"/> Theology <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Leadership	<u>Master of Arts Only:</u> <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Leadership	<u>AVAILABLE STUDY METHODS:</u> <input type="checkbox"/> Correspondence (submit by post) <input type="checkbox"/> Online Learning (submit online) <input type="checkbox"/> Participating Resource Center* <small>PLEASE NOTE: If you chose "Resource Center" above, you must indicate your "Resource Center" in the first section of the Application.</small>
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**ADDITIONAL PERSON INFORMATION**

Name of church you attend: \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone#: \_\_\_\_\_

Are you an active member in your Church?  Yes  No

Do you serve in a ministry position?  Yes  No Position: \_\_\_\_\_

Military Service:  Yes  No Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Active Reserve:  Yes  No Branch: \_\_\_\_\_

**ACADEMIC HISTORY:**

INSTITUTION & LOCATION	DEGREE/AWARD	MAJOR/CONCENTRATION	GRADUATION DATE

(Attach extra sheets as required)

**MINISTERIAL ORDINATION/LICENSURE:**

Check the appropriate box if you hold any one of the following:  Licensed     Ordained     Lay Minister  
Denomination/Ministerial Network or fellowship:  
(include location):

\_\_\_\_\_

**OPTIONAL INFORMATION:**

This information is requested for the purpose of reporting to the Federal Compliance Agencies in the United States of America only will not be used in determining admission status. Completion is voluntary.

**Place of Birth:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Marital Status:**  Single  Married  Widowed  Divorced

**Sex:**  Male  Female **Ethnic Origin:**  Native American/Alaskan  Black, Non-Hispanic  Hispanic  
 White, Non-Hispanic  Other or unknown  Pacific Islander

**REFERENCES:**

Please list the name and phone numbers of at least three (3) references. One must be from your local church. The other two can be from your workplace or friends.

#1 Name: \_\_\_\_\_ Phone# \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone# \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**U.S. & CANADA ONLY: \$100.00 USD APPLICATION FEE PAYMENT INFORMATION**

Date:	Signature:
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