

P.O. Box 482
 Middleburg, FL 32050
 (352) 254-5098



**ATTACH A RECENT
 PHOTOGRAPH
 HERE!!!
 APPLICATION WILL
 NOT BE PROCESSED
 WITHOUT PHOTO.**

Please print or type, and answer all questions.

STUDENT INFORMATION AND EVALUATION

TITLE (circle one): Mr. / Mrs. / Miss / Rev. / Other:				DATE:							
LAST NAME:		FIRST		MIDDLE							
PHONE: (Home): Area Code		Number		(Work): Area Code		Number					
ADDRESS:			CITY:		STATE:		ZIP:				
e-mail address:											
HOW DID YOU HEAR ABOUT OUR COLLEGE? (circle one) Magazine / Friend / Associate / Newspaper / Television / Radio / Direct Mail / Yellow Pages / Other:											
DATE OF BIRTH: (Month/Day/Year)				SEX: (Circle One)		Male		Female			
PLACE OF BIRTH: (City)				(State)		SOCIAL SECURITY NUMBER:					
U.S. CITIZEN? (Circle One)				Yes		No		IF NOT, WHICH COUNTRY?			
(OPTIONAL) RACE: (Circle One) White / Black / Hispanic / Asian / Other:						MARITAL STATUS:			Single		
						Married			Name of Spouse:		
NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY: (Not Husband or Wife)											
Name				Relationship				Phone Number			
ADDRESS:			CITY:		STATE:		ZIP:				
HEIGHT:		WEIGHT:		PLACE OF EMPLOYMENT:							
CHURCH BACKGROUND/DENOMINATION:					CHURCH ATTENDING/SERVING:						
					PASTOR:						
ADDRESS:			CITY:		STATE:		ZIP:				
EXPERIENCE											
CURRENT STATUS IN MINISTRY:											
Licensed _____		Ordained _____		Denomination/Organization: _____							
Pastor _____		Teacher _____		Evangelist _____		Missionary _____		Layman _____			
Other: _____											
NUMBER OF YEARS IN MINISTRY:			AREAS OF INVOLVEMENT IN MINISTRY:								
			Pastorate _____		Teaching _____		Evangelism _____		Radio/TV _____		Other: _____

EDUCATION

BEGINNING WITH HIGH SCHOOL/SECONDARY SCHOOL, LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED:

NAME OF SCHOOL	DATES	MAJOR	DIPLOMA OR DEGREE

ARE YOU A HIGH SCHOOL GRADUATE? _____ **GED?** _____ **OTHER:** _____

STATEMENT OF PURPOSE:

(Briefly explain the program or degree that you are seeking to complete and why.)

TESTIMONY

(A brief testimony about your relationship with Jesus Christ and how it began.)

Date of Application: _____

Applicant's Signature: _____

