



ENROLLMENT APPLICATION

Registration Fee: \$50.00 (Please submit with enrollment application. Non-Refundable)

Late Registration Fee: \$75.00 (All registrations submitted after the first day of class)

Date: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Gender: Male: _____ Female: _____

Marital Status: _____

Date of Birth: _____



PO Box 511424 Punta Gorda, FL 33951



732-300-6331



info@gwfsc.com



www.gwfsc.com



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Academic Information

Please list in Chronological order the high school, colleges and professional schools you have attended. If you plan to matriculate into the Degree Program your Official Transcripts are required. Attach additional paper if needed.

School Name	Address	Date Attended	Major	Degree/ Certificate

GED _____ Date Completed: _____

Church Information

Name or Church Currently Attending:

Address: _____

Pastor's Name: _____

Are you a licensed or Ordained Minister? _____

If Yes, through which Organization:

Year Licensed/Ordained _____



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Autobiographical Information

Please answer the following questions as completely as possible. You may use an additional sheet of paper if necessary.

Describe how you became a Christian and what it means to you?

Why have you chosen this field of ministry?

How will you use this training in your ministry/life?

Are you considering the Degree program? If Yes, Which Degree? _____

I certify that my answers on the application are complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of my admission and or registration. I will honorably adhere to all the standards of this Gods Word First School of Christian Counseling.

Signature: _____

Print Full Name: _____

Date: _____



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