

Non-Refundable)

ENROLLMENT APPLICATION

Registration Fee: \$50.00 (Please submit with enrollment application.

Late Registration Fee: \$75.00 (All registrations submitte first day of class)	d after the
Date:	
Name:	-
Address:	
Phone:	
E-mail:	
Gender: Male: Female:	
Marital Status:	
Date of Birth:	







School Name

ENROLLMENT APPLICATION

Major

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.

Date

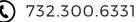
Attended

Address

GED[Date Comple	ted:				
Church Inform Name or Churc	h Currently A					
Address:						
Pastor's Name:						
Are you a licens	sed or Ordain	ed Minister?				
If Yes, through which Organization:						
Voor Liconcod/O						









Degree/

Certificate



ENROLLMENT APPLICATION

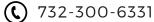
Autobiographical Information

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:









PO Box 511424 Punta Gorda, FL 33951