

EVANGEL SCHOOL *of* MINISTRY

APPLICATION FOR ADMISSION FORM

We are excited about your interest in Evangel School of Ministry program! Before filling out this application form, be sure to make yourself familiar with the program and what it involves. Please, take your time to answer all the questions carefully and in detail. Return the completed application to Evangel Chapel's office, or email to vadim@evangelfsj.com

PERSONAL INFORMATION

1. Name:
(FIRST NAME)
(LAST NAME)
2. Birth date:
(MM/DD/YYYY)
3. Address:
4. E-mail: 5. Phone:
6. Married status: Married Single Divorced Engaged In relationship
- 6a. Have you ever been divorced? Yes No
- 6b. If engaged, please give the following information concerning fiancé or fiancée:
- (1) Name:
(FIRST & LAST NAME)
- (2) Date set for wedding:
(MM/DD/YYYY)
- 6c. If married, please give the following information:
- (1) Name of spouse:
(FIRST & LAST NAME)
- (2) Is your spouse in full agreement with your plan to attend ESM? Yes No
7. How and by whom were you influenced to consider Evangel School of Ministry?

EDUCATIONAL HISTORY

1. High School:

(NAME)

(CITY, PROVINCE)

(YEARS ATTENDED)

2. College/University:

(NAME)

(CITY, PROVINCE)

(YEARS ATTENDED)

3. Trade School:

(NAME)

(CITY, PROVINCE)

(YEARS ATTENDED)

EMPLOYMENT HISTORY

1. List any employment experience in the past two years:

Job Description	Employer	Dates

CHURCH AFFILIATION

1. What church do you call your "home church"?

(NAME)

(DENOMINATION)

(ADDRESS)

(PHONE NUMBER)

2. Your involvement with the church: Member Regular attendee Occasional attendee

CHRISTIAN EXPERIENCE

1. Have you accepted Jesus Christ as Savior and Lord? Yes No

1a. If you answered "yes," please provide the details (when? how?):

2. Describe briefly your understanding of the way of salvation as revealed in the Bible?

3. Describe briefly any major experiences and development you have had since your conversion?

4. What is your practice regarding personal Bible study, prayer, and sharing your faith with others?

5. Have you experienced the baptism of the Holy Spirit? Yes No

5a. If you answered "yes," please provide the details (when? how?)

6. Evaluate and describe your **three** greatest strengths and **three** greatest weaknesses:

ENROLLMENT AND VOCATIONAL PLANS

1. What is your initial educational objective at Evangel School of Ministry?

2. How would you rate your commitment to a career in some type of vocational Christian service at the present time?

Definite Highly probable Willing, but uncertain Doubtful, but willing

3. How would you describe your present understanding of what God wants you to do with your life?

4. What church work or ministry have you been involved in?

MEDICAL INFORMATION:

1. Have you ever had emotional or mental problems?* Yes No

1a. If you answered "yes," please explain below:

2. Do you have a physical disability that may need special consideration for enrolment?

Yes No

2a. If you answered "yes," please explain below:

* If you are now receiving or have received professional help in this area, please ask your counselor to send our office a letter describing the nature of your situation and his/her recommendation regarding admission to Evangel School of Ministry.

By signing this document, I attest that the information provided to be true to the best of my knowledge and the above questions are answered truthfully and completely.

DATE:
(MM/DD/YYYY)

APPLICANT: _____
(SIGNATURE)

APPLICANT'S SPOUSE: _____
(SIGNATURE)

INSTRUCTIONS: Please scan and send the completed form to: vadim@evangelfsj.com