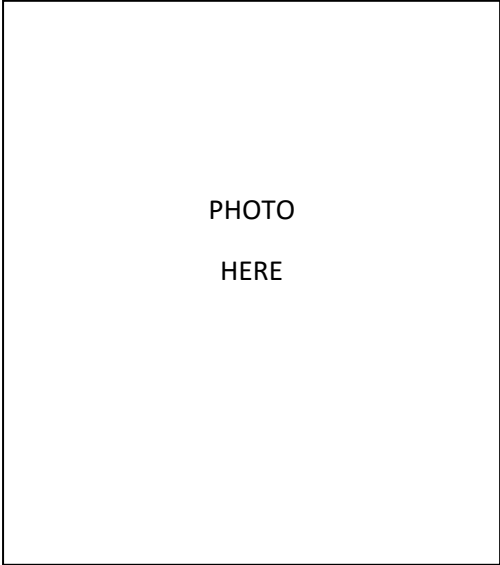


# Don Bradford School of Ministry

## Student Application

**INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS ARE AS FOLLOWS:**

1. Please PRINT or TYPE ALL ANSWER QUESTIONS. If a question does not apply, please answer with "N/A".
2. An application fee of \$50.00 must accompany the completed application and be submitted to the DBSM admissions office prior to registration.
3. Place a recent photo in the area provided on this application.



<b>OFFICE USE ONLY</b>	DATE:	PROG. YR:
APP. Fee Rec'd.:	INITIALS:	STUDENT #:

<b>I. PERSONAL INFORMATION</b>				
<input type="checkbox"/> MR. <input type="checkbox"/> MRS <input type="checkbox"/> MS. <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	
<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE	MAILING ADDRESS		
CITY	STATE/PROVINCE	ZIP CODE	HOME PHONE ( )	WORK PHONE ( )
PHYSICAL ADDRESS	CITY	STATE/ZIP	CELL PHONE ( )	ALTERNATIVE CONTACT ( )
BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL <input type="checkbox"/> SINGLE STATUS <input type="checkbox"/> MARRIED	
OCCUPATION		EMAIL		
CHURCH DENOMINATION	CHURCH PRESENTLY ATTENDING	PASTOR'S NAME		
<b>II. MINISTRY EXPERIENCE INFORMATION / MINISTRY EDUCATIONAL GOALS</b>				
CURRENT MINISTRY STATUS, IF ANY	<input type="checkbox"/> SENIOR PASTOR	<input type="checkbox"/> EVANGELIST	<input type="checkbox"/> YOUTH MINISTRY	<input type="checkbox"/> MUSIC MINISTER
	<input type="checkbox"/> ASSISTANT PASTOR	<input type="checkbox"/> CHILDREN'S MINISTER	<input type="checkbox"/> OTHER: _____	
ARE YOU CURRENTLY LICENSED OR ORDAINED?		CREDENTIALING ORGANIZATION	NUMBER OF YEARS	
<input type="checkbox"/> LICENSED <input type="checkbox"/> ORDAINED <input type="checkbox"/> N/A				
PLEASE BRIEFLY STATE YOUR MINISTRY GOALS. (INCLUDE SHORT TERM AND LONG TERM)				

PLEASE DESCRIBE YOUR SALVATION EXPERIENCE. IF YOU ARE FILLED WITH THE HOLY SPIRIT, WITH THE EVIDENCE OF SPEAKING IN OTHER TONGUES, PLEASE INCLUDE AN EXPLANATION OF THIS EXPERIENCE AS WELL.

### III. FINANCIAL INFORMATION

I AGREE TO PAY THE FULL TUITION AMOUNT FOR THIS SCHOOL SESSION IN THE FOLLOWING MANNER:

TOTAL AMOUNT IN FULL       PAYMENT IN ½ BY SEMESTER       PAYMENT IN INSTALLMENT ACCORDING TO DATES

I UNDERSTAND THAT THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

I UNDERSTAND THAT UPON ACCEPTANCE OF MY APPLICATION, I MUST SUBMIT THE REGISTRATION FEE

I UNDERSTAND THAT NEITHER THE APPLICATION FEE, NOR THE REGISTRATION FEE IS REFUNDABLE

PAYMENT METHOD:

CHECK

CREDIT CARD:    CARD TYPE:  VISA     MASTER CARD     AMEX

NAME ON CARD: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

CCV CODE \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_