

4285 Cleveland Street Gary, Indiana 46408 (219) 887-6418

Ambassador School of Ministry Application for Admission

Application Fee: \$25 fee with \$10 off for early bird special; If submitted by July 31st.

Please Print clearly

General Information

Please Circle Preferred Course Time: AM or PM
I prefer to take a Tuesday night course? (Please circle) YES or NO
I prefer to take a Thursday night course? (Please circle) YES or NO

Spiritual Information

Please Circle t	the training you are interes	ted in: Administrator, Minister, or Pastor
If no, please li	st below your church affilia	t? (Please circle) YES or NO ation:
Please share verthe Ministry?	why you are seeking formal	training. Also, how were you led into
J	, Employment & Educa	
Current Emplo	oyer:	
Position:		
Phone #:		
Highest Educa	tion Completed:	Degree:
School/Unive	rsity:	
List any Trade	School completed:	
Please provide	e (2) spiritual references an	d (1) Professional Reference
Name	 Telephone #	e-mail address

Name	Telephone #	e-mail address	
Name	Telephone #	e-mail address	
Please list an area	a(s) in which you desire t	raining:	
Emergency Conta	ct: Name	Telephone #	
School of Ministry process? Addition will also send you information related	y and other important in nally, if you choose to att		missions Ministry, we
No, do not	text me		
Have you ever be	en convicted of a felony	or arrested for child molest	ation?
Yes confidential).	No If yes, please explai	n (your information will ren	nain

STATEMENT OF TRUTH

I certify that I have completed this application and all the information in this application is true, to the best of my knowledge.

SIGNATURE:	DATE:
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