



School of Practical Ministry

**SOPM Level II APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

**CHURCH & /MINISTRY INFORMATION**

(If this has changed since filling out the Application for the initial SOPM, please note those changes below)

Name of Church You Attend: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

(A) List below up to 3 of the most recent ministry experiences that you have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) What are your ministry interests (things you would like to do)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(C) Do you feel called by God to a specific ministry?**

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**Did taking Level I of the School of Practical Ministry have any effect on (B) or (C) above? Explain:**

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**What are you hoping will occur in your life based on the listed Modules and expected Outcomes from the SOPM Level II?**

(Modules: Understanding Biblical Theology, Exploring the Old Test., Exploring the New Test., Modeling Jesus' Ministry)  
(Outcomes: Comprehension, Application, Responding, Equipping)

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Applicant's Signature

**Additional Information**

**Tuition** : Do you need to split the SOPM Level II tuition into 4 payments: Y  N   
(If yes, the initial payment of \$150 will be due prior to the first class. 3 subsequent payments of \$100 ea. will be due 30 days after the previous payment)

**PLEASE MAIL COMPLETED APPLICATION TO:  
Evangel Seminary, 36 Southgate Ct. Suite 201, Harrisonburg, VA 22801**