

School of Practical Ministry - Level I Application

PERSONAL INFORMATION

Name: _____

Date of Birth: (Month / Year) _____ S.S. #: _____

This will be kept secure and confidential

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Best Phone Number To Reach You: (_____) _____

Employer: _____

Length of Employment: _____

Position(s) Held: _____

EDUCATIONAL INFORMATION

(Check highest level of education completed)

- High School Community College College Graduate School Other

(If Other, please explain): _____

Year Graduated: _____

Degree Earned (If applicable): _____

CHURCH / MINISTRY INFORMATION

Name of Church You Attend: _____

Are you a member: Yes No (If no, how long have you been attending? _____)

Pastors Name: _____ (Cont. on p.2)

Please Email completed form to: info@ets.edu
OR
Mail to : Evangel Seminary • 36 Southgate Ct. • Suite 201 • Harrisonburg, VA 22801

CHURCH / MINISTRY INFORMATION (cont.)

❶ Please list ministry experiences you have had (ie. Teaching Sunday School or Bible Study, working with Youth Group, etc.)

❷ Do you have ministry interests beyond those listed above - if so, what are they?

❸ What vision / passion has God laid on your heart to fulfill within the next 5-10 years?

Evangel School of Practical Ministry (SOPM) Information

Please tell us about your desire to enroll in the SOPM program: _____

How do you believe the SOPM will help in your pursuit of God's purposes for your life in light of # 3 above?

Signature: _____

Date: _____

The Evangel School of Practical Ministry admits students of any race, gender, color or national and ethnic origin to the rights, privileges and activities available to all students in this program. Evangel does not discriminate in relation to the above, in the administration of its academic policies, scholarship awards or any other school administered policy or program.