

Associate Degree in Ministry MCTC

STUDENT APPLICATION

Please write clearly or type. All blanks must be completed for this application to be processed.

Please be sure the following is included:

An application is not processed until all required items (application fee, 3 references, and pictures) are received.

- Attach 2 CURRENT (within the past 3 months) passport photos.
- Enclose the \$35 NON-REFUNDABLE application fee.
- The 3 reference forms must be completed and attached in sealed envelopes, or mailed direct.
- Answer ALL questions. If a question does not apply, write "NA" (Not Applicable). Your application will not be processed and may be returned if any area is left blank.
- Be sure to sign all forms.

Please print or type your full legal name.

Please circle one: Mr Mrs Miss Ms

First _____ Middle Initial ____ Last _____

Address _____ City _____ State _____

Zip Code _____

Daytime telephone: _____ Mobile: _____

E-Mail: _____ Fax: _____

National Insurance Number: _____ Sex: _____ Date of Birth: _____ Age: _____

Passport No: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

If separated, please explain: _____

How many children do you have? _____

Give their names and ages:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____

Are you born again (saved) as understood in Romans 10:8-10? YES NO How long? _____

Are you baptized in the Holy Spirit with the evidence of speaking in tongues as in Acts 2:2-4? YES NO

A. CHURCH AFFILIATION AND REFERENCES

List the name of the church you currently attend, its address, minister's name, and contact number.

Church Name _____ Address _____

Pastor's Name _____ Contact Number _____

How long have you been attending this church? _____

Do you attend regularly? YES NO

What church activities have you been involved in?

_____ How long? _____

_____ How Long? _____

_____ How long? _____

_____ How Long? _____

IF YOU ARE NOT CURRENTLY INVOLVED WITH A CHURCH, PLEASE EXPLAIN WHY ON A SEPARATE PAGE.

To whom were your referral forms given? (**NOTE:** Write your name on the forms before giving them to your referees.)

Please write clearly the name and address.

Pastor/Church Leader

Name: _____ Tel. _____ Email: _____

Personal Referee

Name: _____ Tel. _____ Email: _____

Working Referee

Name: _____ Tel. _____ Email: _____

B. STATEMENT OF FAITH

Are you a licensed minister? YES NO Are you ordained? YES NO

If so, what denomination/organization? _____

- YES NO Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?
- YES NO Do you believe in the Holy Trinity – that our God is one, but manifested in three Persons: the Father, the Son, and the Holy Spirit?
- YES NO Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and that He is the only mediator between God and man?
- YES NO **HAVING READ THE STATEMENT OF FAITH, DO YOU AGREE WITH ITS CONTENT?**

If no, please explain (use a separate page if needed):

C. EDUCATIONAL HISTORY

Highest level of education completed:

GED_____ High School Diploma_____ Some College_____ College Degree_____

College/University (Circle Number of Years Completed): 1 2 3 4

Masters_____ Specialist_____ Doctorate_____ Other_____

Please list all college, university, Bible schools, seminary, or other educational institutions you have attended.

NAME OF SCHOOL	DATES	MAJOR	DEGREE

YES NO Can you read, write, and comprehend the English language?

YES NO Have you ever been denied acceptance, expelled, dropped, or suspended from school or college?

If Yes, BRIEFLY explain below.

D. WORK HISTORY

Please list 2 work experiences, beginning with PRESENT employer:

NAME OF EMPLOYER _____ TEL. NO. _____

DUTIES PERFORMED _____ DATES _____

NAME OF EMPLOYER _____ TEL. NO. _____

DUTIES PERFORMED _____ DATES _____

IF YOU ARE CURRENTLY UNEMPLOYED, PLEASE GIVE AN EXPLANATION ON PAGE 3, INCLUDING HOW YOU WILL PROVIDE FOR YOUR TUITION FEES AND PERSONAL LIVING EXPENSES DURING CLASS.

E. ALCOHOL – TOBACCO – ILLEGAL DRUGS

We believe that in order for a person to assume a leadership role in Christian ministry, the highest standards of personal conduct are expected. This includes: abstinence from the use of illegal drugs, tobacco, and alcohol. We expect that each student will abide by this policy **WHILE ATTENDING MCTC AND AFTER GRADUATION.**

By initialling, you are stating that you are in agreement with this policy. _____

F. HEALTH CONCERNS

If you have any disabilities that would require special facilities, please state what they would be:

Person to be notified in case of emergency:

Name: _____

Address: _____

Telephone no: _____

G. MEDICAL CONSENT

I, the undersigned, grant full and complete permission to MCTC, its employees or designated, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. This consent I give freely and voluntarily, fully knowing and understanding all the above and its effect upon me.

Signature: _____ Date: _____

H. PHOTO & VIDEO CONSENT

I, the undersigned, grant full and complete permission to MCTC, its employees or any persons they choose to take, keep on file and use in publications my photo and or videos of me while involved in any MCTC associated event, including both class and non-class times.

Signature: _____ Date: _____

