

Associate Degree in Ministry

MCTC

APPLICATION PROCEDURE

Thank you for your interest in Millennial Christian Training College (MCTC). Enclosed is the information to complete your application. If you need clarification or assistance, please contact Sofia Vasquez (administration matters) at 918-850-3912 or Shellie Love (all other matters) at 918-625-9008.

Before mailing your completed application, please take a few moments to verify that you have included all required items with your application.

**Mail application with the application fee to:
MCTC, PO Box 470371, Tulsa, OK 74147**

☞ **Application for Admission**

All questions on the application forms must be answered. If a question does not apply to you, write 'NA' (Not Applicable) in the blank. Please write clearly, or type your responses. Applications **MUST** be signed and dated.

☞ **\$35 Non-Refundable Application Fee**

The application process begins once your non-refundable application fee has cleared in our account. You may pay by cash in person, personal check, or credit card. If you need to make a payment by credit card, please call our offices at 918-924-6509

☞ **1 Current Passport Photograph and one electronic picture**

Please attach your photo to your application and e mail the other to school@lrmctulsa.com.

☞ **One-Page Testimony**

Your personal testimony should be typed, or neatly written, on a separate page and be approximately 300-400 words. We are looking primarily for content, but your grammar and presentation should be your best. It is important to include your salvation experience; your current commitment to God, including describing your service in your current church; and why you desire to attend MCTC.

☞ **Referrals**

Three referrals are required. Your application cannot be processed until we receive **all three** references.

1) **Church Minister's Referral** 2) **Personal Referral** 3) **Working Life Referral**

What to expect upon acceptance:

☞ You are required to attend Orientation. Details of Orientation will be included with your acceptance letter.

What to expect at Orientation:

- ☞ You will receive a student handbook and have your questions answered.
- ☞ You must pay your general fee, resources fee, and tuition deposit.
- ☞ You will meet some of your instructors.
- ☞ There will be a time of prayer, worship, and ministry.

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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 1 CURRENT (within the past 3 months) passport photos and e mail one.
- 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 / County _____ Country _____ Nationality: _____

Zip / Post Code _____

Daytime telephone: _____ Mobile: _____

E-Mail: _____ Fax: _____

Sex: _____ Date of Birth: _____ Age: _____

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? o YES o NO How long?

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

Please circle what you are applying for:

On-site classes

Online classes

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? o YES o 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 BELOW, DO YOU AGREE WITH ITS CONTENT?**

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

Statement of faith

WHAT WE BELIEVE

We believe in one God – Father, Son, and Holy Spirit, Creator of all things.

We believe that the Lord Jesus Christ, the only begotten Son of God, was conceived of the Holy Spirit, was born of the Virgin Mary, was crucified, died and was buried; He was resurrected, has ascended into Heaven, is now seated at the right hand of God the Father, and is true God and true man.

We believe the Bible in its entirety to be the inspired Word of God and the infallible rule of faith and conduct.

We believe in the resurrection of the dead, the eternal happiness of the saved, and the eternal punishment of the lost.

We believe in the personal salvation of believers through the shed blood of Jesus Christ.

We believe in sanctification through the Word of God and by the Holy Spirit, and we believe in personal holiness and purity of heart and life.

We believe in divine healing through faith in the Name of Jesus Christ – and that healing is included in redemption.

We believe in water baptism by total immersion, in the baptism of the Holy Spirit as distinct from the new birth, in speaking with tongues as the Spirit of God gives utterance (Acts 2:4), in the gifts of the Spirit, and in the evidence of the fruit of the Spirit.

We believe that all of these are available to all believers today.

We believe in the Christian's hope – the resurrection of those who have fallen asleep in Christ and their translation together with those who are alive and remain at the time of the soon-coming, personal return of the Lord Jesus Christ.

C. EDUCATIONAL HISTORY

Highest level of education completed:

GED _____ High School Diploma _____ Some College _____ College Degree _____

Or education obtained in own country: _____

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 A SEPARATE PAGE, 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

By attending MCTC you give 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.

I.

STATEMENT OF TRUTH

I hereby state that all the information contained on this application is correct and true. If MCTC is notified that any of the information contained on the application is false, it will be grounds for immediate dismissal.

Signature: _____ Date: _____

If mailing please review your application before sending it. Incomplete applications will be returned to you for completion, thus taking longer to process. All blanks must be completed.

If you have questions, please contact Sofia Vasquez (administration matters) at 918-850-3912 or Shellie Love (if financial or course content matters) at 918-625-9008.

THIS APPLICATION AND ALL THREE (3) RECOMMENDATION FORMS MUST BE RETURNED NO LATER THAN 15 DAYS BEFORE CLASS BEGINS. IF THIS IS NOT POSSIBLE IT DOES NOT BAR YOU FROM STARTING BUT WE REQUEST COMPLETED APPLICATIONS AT THE EARLIEST OPPORTUNITY.

PERSONAL TESTIMONY

Your personal testimony should be typed, or clearly written, in the space provided below. The admissions committee is looking primarily for content, but your grammar and presentation should be your best. Your testimony should indicate your salvation experience, your current commitment to God, and your reason and expectation for coming to MCTC.

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MINISTER'S REFERRAL

To be completed by the applicant's Pastor, Ministry Elder, or Church Minister

Instructions:

To the Applicant: Be sure to print/type your name in the "Name of Applicant" line below. You should also provide your referee with an addressed and postage-paid envelope.

To the Referee: This evaluation is for the applicant named below who is applying for admission to Millennial Christian Training College. Serious consideration will be given to your comments. Please complete this form carefully. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be placed in the envelope provided by the applicant, sealed, and sent directly to MCTC Admissions.

There is a practical requirement to the course that requires students "serving" in Ministry of helps in their local church. This may be in an area they already serve or a new, but appropriate, area. They will require confirmation of this activity. Further information will be provided in due course to their Pastor.

We would be very happy to speak with you or to supply you with information about MCTC if you desire.

Church Attendance Policy: All students must maintain active participation in their local church, and they are NOT permitted to change churches while enrolled as a student of MCTC except under very special circumstances and only with their pastor's full support. Whilst we support and mentor students attending MCTC – whether in person or online – we will ask them to bring Pastoral matters to their Pastor / Minister.

Name of Applicant:

Please Circle: Mr Mrs Miss Ms

First _____ **Middle Initial** _____ **Last** _____

1. **How long have you known the applicant?** _____

2. **Describe your relationship (please check one):** Very close Close Casual Distant

3. **Please list what areas of involvement they have had in the church:**

4. **Please evaluate his/her character by marking one of the following boxes:**

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Dependability					
Cooperativeness					
Ability to work with others					
Moral character					
Personal appearance					
Consideration for others					
Acceptance of instruction					
Acceptance of discipline					

5. **How industrious is he/she as a student/worker? (please check one)**

Usually conscientious, hard worker Works harder than most students/workers

Does about as much work as others Works less than most others

Very lazy Have no basis for judgment

Please Comment:

6. **Describe the applicant's attitude toward you, your church, and church activities.**

7. **From personal knowledge of the individual, would you (please check one):**

Highly recommend him/her as a candidate for ministerial training.

Recommend him/her as a candidate for ministerial training.

Recommend him/her with slight reservations.

Hesitate in recommending him/her for ministerial training.

Unable to honestly recommend him/her as a candidate for ministerial training.

(If you marked any of the last three, please explain below.)

Please Check One:

8. **Emotional Evaluation:** Very Stable Stable Unstable Very Unstable
9. **Does the applicant respond well to authority?** Yes No
10. **What is the applicant's spiritual influence on others?** Positive Neutral Negative
11. **Does the applicant associate with people of moral character?** Yes No
12. **Does the applicant have a good home life and/or marriage?** Yes No

Please give short answers to the following questions

13. **What do you consider to be the applicant's strong points?**

14. **What do you consider to be the applicant's weak points?**

15. **Is there any other information about the applicant that would help our evaluation?**

Please print your name and contact details:

Name _____ **Position in Ministry** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

Thank you for your time and participation.

If you have questions about this evaluation, please contact Shellie Love at 918-625-9008.

Mail to:

MCTC Admissions
PO Box 470371
Tulsa, OK 74147

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PERSONAL REFERRAL

To be completed and sent in by applicant's personal friend who is not a relative.

Instructions:

To the Applicant: Be sure to print/type your name in the "Name of Applicant" line below. Provide your referee with an addressed and postage-paid envelope.

To the Referee: This evaluation is for the applicant named below who is applying for admission to Millennial Christian Training College. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be placed in the envelope provided by the applicant, sealed, and posted directly to MCTC.

Name of Applicant:

Please Circle: Mr Mrs Miss Ms

First _____ **Middle Initial** _____ **Last** _____

1. **How long have you known the applicant?** _____

2. **Describe your relationship (please check one):** Very close Close Casual Distant

3. Please describe the nature of your relationship:

4. Please evaluate his/her character by marking one of the following boxes:

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Dependability					
Cooperativeness					
Ability to work with others					
Moral character					
Personal appearance					
Consideration for others					
Acceptance of instruction					
Acceptance of discipline					

5. How industrious is he/she as a student/worker/person? (please check one)

- Usually conscientious, hard worker
- Works harder than most students/workers
- Does about as much work as others
- Works less than most others
- Very lazy
- Have no basis for judgment

Please Comment:

6. Describe the applicant's attitude toward you, your church, and church activities.

7. **From personal knowledge of the individual, would you (please check one):**
- Highly recommend him/her as a candidate for ministerial training.
 - Recommend him/her as a candidate for ministerial training.
 - Recommend him/her with slight reservations.
 - Hesitate in recommending him/her for ministerial training.
 - Unable to honestly recommend him/her as a candidate for ministerial training.

(If you marked any of the last three, please explain below.)

Please Check One:

8. **Emotional Evaluation:** Very Stable Stable Unstable Very Unstable
9. **Does the applicant respond well to authority?** Yes No
10. **What is the applicant's spiritual influence on others?** Positive Neutral Negative
11. **Does the applicant associate with people of moral character?** Yes No
12. **Does the applicant have a good home life and/or marriage?** Yes No

Please give short answers to the following questions

13. **What do you consider to be the applicant's strong points?**

14. **What do you consider to be the applicant's weak points?**

15. **Is there any other information about the applicant that would help our evaluation?**

Please print your name and contact details:

Name _____ **Position in Ministry** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

Thank you for your time and participation.

If you have questions about this evaluation, please contact Shellie Love at 918-625-9008.

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WORKING LIFE REFERRAL

To be completed by applicant's current or previous employer, or someone they have been accountable to for secular work of any kind (i.e., teacher, volunteer organization, etc.).

Instructions:

To the Applicant: Be sure to print/type your name in the "Name of Applicant" line below. Provide your referee with an addressed and postage-paid envelope.

To the Referee: This evaluation is for the applicant named below who is applying for admission to Millennial Christian Training College (MCTC). Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be placed in the envelope provided by the applicant, sealed, and posted directly to MCTC.

Name of Applicant:

Please Circle: Mr Mrs Miss Ms

First _____ **Middle Initial** _____ **Last** _____

1. **How long have you known the applicant?**

2. **Describe your relationship (please check one):** Very close Close Casual Distant

3. **Please describe the nature of your relationship (i.e., Manager, Supervisor, Other):**

4. **Please evaluate his/her character by checking one of the following boxes in each category:**

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Dependability					
Cooperativeness					
Ability to work with others					
Moral character					
Personal appearance					
Consideration for others					
Acceptance of instruction					
Acceptance of discipline					

5. **How industrious is he/she as a worker?**

- Usually conscientious, hard worker
- Works harder than most workers
- Does about as much work as others
- Works less than most others
- Very lazy
- Have no basis for judgment

Please Comment:

6. **From personal knowledge of the individual, would you (please check one):**

- Highly recommend him/her as a candidate for ministerial training.
- Recommend him/her as a candidate for ministerial training.
- Recommend him/her with slight reservations.
- Hesitate in recommending him/her for ministerial training.
- Unable to honestly recommend him/her as a candidate for ministerial training.

(if you marked any of the last three, please explain below.)

7. **Emotional Evaluation:** Very Stable Stable Unstable Very Unstable
8. **Does the applicant respond well to authority?** Yes No
9. **Does the applicant associate with people of moral character?** Yes No
10. **Does the applicant have a good home life and/or marriage?** Yes No

Please give brief answers to the following questions.

13. **What do you consider to be the applicant's strong points?**

14. **What do you consider the applicant's weak points?**

15. **Is there any other information about the applicant that would help our evaluation?**

Please print your name and contact details:

Name _____ **Position in Ministry (if any)**

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

Thank you for your time and participation.

If you have questions about this evaluation, please contact Shellie Love at 918-625-9008.

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