



SoCAL SCHOOL OF MINISTRY

Where the Call is Just the Beginning

New Student Application Form

PERSONAL INFORMATION

Name: (Last, First, Middle Initial.)

Address: (Street number and name) (Apartment number)

(City) (State) (Zip/postal code)

Telephone Number:

Cell Phone Number:

Email Address:

Current Church Attending:

Current Church Position:

Current AG Credential Held (If Applicable): Certified Licensed Ordained

School of Ministry Location of Choice: District Office Rancho Cucamonga Visalia
 San Diego Santa Maria

EDUCATIONAL BACKGROUND

University / Bible Institute Attended	City/State	Date (or year) of Graduation	Degree Received

SIGNATURE & ENROLLMENT FEE

Enrollment Fee:

An application fee of \$50.00 is required for enrollment into the SoCal School of Ministry. This fee is non-refundable, and is a one-time only administrative fee.

Required Signature:

I certify that the information provided on this application is, to the best of my knowledge, complete and accurate.

Signature _____ Date _____

*** No Application fee is required for students signing up to audit courses or for those in the special enrollment program. Special Enrollment is for those referred by the Office of the Secretary-Treasurer.**

Office Use Only

Total Amount Paid _____ Paid By: Check Cash Credit Card

Date Processed _____ Student ID # _____

ASSEMBLIES OF GOD

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