

20. Do you have any health conditions that we should be aware of? _____

If so, what are they? _____

21. List the names of the three persons who will be sending recommendations:

Pastoral: _____

Professional: _____

Professional: _____

II. COLLEGE AND COMMUNITY INFORMATION

1. Concentration of Studies

a. Number of semester hours of professional education courses earned: _____

b. List those areas in which you earned 12 or more semester hours:

Area	Sem. Hrs.	Area	Sem. Hrs.
_____	_____	_____	_____
_____	_____	_____	_____

2. Professional societies: _____

3. College organizations/activities: _____

4. Community organizations/activities: _____

5. College grade point average: _____ Grade point system: A = _____

6. A transcript of college credits must be received before the application is complete.

7.

Colleges attended:	College Address	Dates Attended
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

8.

Degrees earned	Major	Minor	Date Received
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

III. WORK EXPERIENCES:

Firm or School	Address	Type of Work/Grade	Date Employed
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

REMEMBER to include with your application the following:

1. A brief written account of your personal relationship with Christ.
2. An autobiographical sketch.
3. Transcript of college credits.

ALL APPLICATIONS MATERIALS SHOULD BE SENT AIR MAIL IF MAILED! THEY MAY ALSO BE FAXED OR SENT AS E-MAIL ATTACHMENTS. IF FAXED, THE PHOTO MUST BE SENT BY SOME OTHER MEANS. REMIND YOUR PASTOR AND REFERENCES TO SEND YOUR RECOMMENDATIONS.