

2955 SW 8th St. Suite #204  
 Miami, Florida 33135  
 (305) 642-2218



**ATTACH A RECENT  
 PHOTOGRAPH  
 HERE!!!  
 APPLICATION WILL  
 NOT BE PROCESSED  
 WITHOUT PHOTO.**

Please print or type, and answer all questions.

STUDENT INFORMATION AND EVALUATION			
TITLE (circle one): Mr. / Mrs. / Miss / Rev. / Other:		DATE:	
LAST NAME:FIRST MIDDLE			
PHONE: (Home): Area Code      Number (      )	(Work): Area Code      Number (      )		
ADDRESS:	CITY:	STATE:	ZIP:
e-mail address:			
HOW DID YOU HEAR ABOUT OUR COLLEGE?: (circle one) Magazine / Friend / Associate / Newspaper / Television / Radio / Direct Mail / Yellow Pages / Other:			
DATE OF BIRTH: (Month/Day/Year)	SEX: (Circle One)      Male      Female		
PLACE OF BIRTH: (City)	(State)	SOCIAL SECURITY NUMBER:	
U.S. CITIZEN?: (Circle One)      Yes      No		IF NOT, COPY CURRENT: Visa, Green card, Resident Status is REQUIRED	
(OPTIONAL) RACE: (Circle One) White / Black / Hispanic / Asian / Other:		MARITAL STATUS: Single      Married Name Of Spouse:	
NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY: (Not Husband or Wife)			
Name Relationship		Phone Number	
ADDRESS:	CITY:	STATE:	ZIP:
HEIGHT:	WEIGHT:	PLACE OF EMPLOYMENT:	
CHURCH BACKGROUND/DENOMINATION:		CHURCH ATTENDING/SERVING:	
ADDRESS:		PASTOR:	
ADDRESS:	CITY:	STATE:	ZIP:
EXPERIENCE			
CURRENT STATUS IN MINISTRY: Licensed ____ Ordained ____ Denomination/Organization: _____ Pastor      Teacher      Evangelist      Missionary      Layman      Other: _____			
NUMBER OF YEARS IN MINISTRY:	AREAS OF INVOLVEMENT IN MINISTRY: Pastorate ____ Teaching ____ Evangelism ____ Radio/TV ____ Other: _____		

