



A P P L I C A T I O N

Date of Application: ____ / ____ / ____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

DOB: ____ / ____ / ____

- Highest Level of Education:
- High School
 - Some College
 - Undergraduate Degree
 - Master's Degree
 - Other

High School: _____

Year of Graduation: _____

College/University: _____

Year of Graduation: _____

College/University: _____

Year of Graduation: _____

College/University: _____

Year of Graduation: _____

Trade School: _____

Year of Graduation: _____

Church Involvement/Membership: _____

Sponsoring Church (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Website: _____

Your Pastor: _____

Sponsoring Pastor (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Website: _____

Please enclose a 1-2 page summary of your spiritual journey and personal statement of faith with your application.

Applicant's Signature: _____

Please mail completed application with your statement of faith along with your \$25 application fee to:

Central School of Ministry
PO Box 490248
Blaine, MN 55449