Application For Admission

West Virginia Baptist Convention SCHOOL OF CHRISTIAN STUDIES

Complete and mail to: School of Christian Studies, P.O. Box 1019, Parkersburg, WV 26102

APPLICATION FOR ADMISSION

(Please Print)

Tea	aching Certif	al Ministry Certificate : Ficate General Studies Audit ficate Youth Ministry Certif	
*Copy of your High School Diploma or G.E.D. Certificate (For Pastoral Ministry students only.) Transcripts of prior training for which you may be able to receive credit. (Please see catalog for more information.)			
PERSONAL INFORMATION			
Name:	Last	First	Middle
Address:			
City, State, Zip:			
Telephone:			
E-mail:			
Church Attending:			
Association:			
Occupation:			
EDUCATIONAL INFORMATION Please list all education High School:		ns from which you have received	training.
City, State:			
Year Graduated:			
College/Other:			
City, State:			
Area of Study/Major:			
Year Graduated:			
College/Other:			
City, State:			
Area of Study/Major:			
Year Graduated:			
MINISTRY GOAL Please provide a brief st	atement regard	ding your personal goal in minis	stry.