

New Student Enrollment Form

PERSONAL INFORMATION

Name: *(Last, First, Middle Initial.)*

Preferred Name:

Date of Birth:

Address: *(Street number and name)*

(Apartment number)

(City)

(State)

(Zip/postal code)

Telephone Number:

Email Address:

Current Church Attending:

Current Church Position:

Current AG Credential Held (If Applicable):

Certified

Licensed

Ordained

School of Ministry Location of Choice:

Bakersfield

Fresno

Imperial

Los Angeles

Norco

Orange County

Riverside

San Diego

Victorville

Visalia

EDUCATION

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: _____

Office Use Only

Total Amount Paid: _____ Paid By: Check# _____ Cash Credit Card Online Date Processed: _____

SOCAL SCHOOL OF MINISTRY

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