



ALL NATIONS APOSTOLIC SCHOOL OF MINISTRIES

Do not write in this box.

ANAT SCHOOL OF MINISTRY APPLICATION

REQUEST FOR ADMISSION

FULL TIME PART TIME

FALL SEMESTER 20____ SPRING SEMESTER 20____

APPLICANT INFORMATION

Name:

Date of birth: Day Phone: Cell Phone:

Current address:

City: State: ZIP Code:

PASTORAL INFORMATION

Church Name:

Address: Pastor Name:

Phone: Email: Fax:

Denomination/Affiliation: Holy Ghost Filled Date : Baptism Date:

EMERGENCY CONTACT

Name:

Address: Phone:

City: State: ZIP Code:

Relationship:

EDUCATION

High School Name:

City/State/Zip: Diploma: Yes No

College Name:

City/State/Zip: Degree: Yes No

Years attended if no degree: Credits earned: Certificate:

ACADEMIC INTENT

Years planning to attend ANAT School of Ministries: 1 year 2 years 3 years 4 years

Study Concentration: BA Christian Ministries BA Bible & Theology BA Evangelistic Ministries BA CED

Ministry Interest: _____ ex: Youth, Ladies, etc

APPLICATION AGREEMENT

I certify that the information provided on this application is complete and accurate to the best of my knowledge. I consent to the use of reference checks in evaluating the information in my application. If accepted as a student at the ANAT School of Ministries, I agree to adhere to all the regulations and policies of this institute and maintain a high standard of Christian integrity and conduct.

SIGNATURES

Signature of applicant: Date:

Pastors Signature: Date: