

Reach the Nations School of Ministry Application

PERSONAL INFORMATION

Name:

Last Name

First

Middle

Present Address:

Street

City

State

Postal Code

Telephone:

Home Phone

Cell Phone

Fax Number

Email Address:

Gender:

Male

Female

Date of Birth:

Month

Day

Year

U.S. Citizen:

Yes

No

If no, Country of Citizenship _____

(If permanent resident alien of USA, please enclose copy of green card.)

EMERGENCY CONTACT

Name:

First

Last

Address:

Street

City

State

Postal Code

Home Phone

Cell Phone

Relationship to you:

YOUR SPIRITUAL PILGRIMAGE:

Date you were saved:

Month

Year

Date you were baptized by immersion in water:

Month

Year

Date you were baptized with the Holy Spirit with the evidence of speaking with other tongues:

Month

Year

In the last year have you used illegal drugs, tobacco or consumed any alcoholic beverage?

Yes

No

If yes, please explain:

In the last year have you used illegal drugs, tobacco or consumed any alcoholic beverage?

Yes

No

If yes, please explain:

HEALTH:

Describe any disability that requires special attention:

Please list any medication you are currently taking:

Please list any allergies to medication:

SPOUSE DATA (IF APPLICABLE)

Marital Status Single Married Separated

Are you or have you been divorced? Yes No

Spouse Name:

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Last Name

First

Middle

Date of Birth:

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Month

Day

Year

Date of Marriage:

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Month

Day

Year

Is your spouse or fiancé saved: Yes No

YOUR EDUCATIONAL HISTORY

Did you graduate from high school? Yes No

If not, what grade have you completed?

Highest grade completed:	GED or Equivalent?
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College:

1 2 3 4 Bible School Associate Bachelor Master's Specialist Doctorate

List all educational institutions attended and degree earned.

Name of School or University:

Dates:

Major

Diploma/Degree

YOUR MINISTRY INVOLVEMENT

Are you currently in full time ministry Yes No

If yes, how many years have you been in full time ministry?

Current Ministry Position:

Are you presently or have you been licensed or ordained: Yes No

If so, please list the denomination or organization and date credentialed.

If you are leaving or have left this denomination/organization, please explain why:

Describe your primary ministries (minimum of two):

- | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Prophetic | <input type="checkbox"/> Evangelistic | <input type="checkbox"/> Pastoral | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Intercession | <input type="checkbox"/> Music | <input type="checkbox"/> Helps | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Missions | <input type="checkbox"/> Youth | <input type="checkbox"/> Training | <input type="checkbox"/> Other |

If other, please describe:

Which spiritual gifts do you exercise and walk in:

CHURCH AFFILIATION

List the name of the church in which you currently pastor or attend:

Name of Church

Telephone

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Name of Senior Pastor

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Church Address

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Street Address

--

City

State

Zip

If less than one year, list the name of the church you formerly attended, how long you attended and your reason for leaving.

Understanding that our students must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder you from abiding by the Student Commitment of Excellence?

Yes No

If yes, please explain:

STATEMENT OF TRUTH

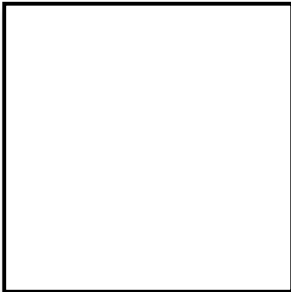
I understand that all items submitted as part of the application process become the permanent property of Reach The Nations Global Ministries Network and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I grant Reach The Nations Global Ministries Network and its leadership permission to verify the information provided on this application and all student requirements.

I hereby state that all the information contained on this application and all correspondence is correct and true. If Reach The Nations School of Ministry is notified that any of the information contained in this application is false, it will be grounds for immediate cancellation of application procedure and/or expulsion from Reach The Nations School of Ministry.

Applicant Signature

Date



INCLUDE WITH THIS FORM, A CURRENT PHOTO (HEAD AND SHOULDERS ONLY) FOR YOUR ID CARD

**RTN SCHOOL OF MINISTRY • P.O. BOX 8178 • NEW HAVEN, CT
06515 • USA**

(866) 786-3430 ext. 325



PASTORAL OR PERSONAL RECOMMENDATION

REACH THE NATIONS SCHOOL OF MINISTRY

TO THE APPLICANT: Please complete the section below. Applicants are required to have a Personal Recommendation form completed in order to apply to RTN School of Ministry. This form MUST be completed by a mature Christian adult (at least 21 years of age) that has known the applicant for at least 1 year.

Note: the applicant must complete this section in its entirety

Date:

Applicants Name:

Last Name

First

Middle

Name if you go by a different name than that above

Nickname

Last Name

To the person completing this Recommendation: The above named applicant is applying for admission to Reach The Nations School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept in confidence. If you have any questions, you may contact our School Office toll free at (866) 786-3430 ext. 325. Thank you for your assistance. Once completed, please send directly to:

**Reach The Nations School of Ministry
P.O. Box 8178
New Haven, CT 06530**

You may also fax this recommendation toll free (866) 786-1622

How long have you known the applicant?

Relationship to the applicant?

How well do you know the applicant?

By name/sight Casually Fairly Well Very Close Unknown

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