

APPLICATION
BETHEL SEMINARY ~ CONTINUING EDUCATION PROGRAM

AFFIX
PHOTO HERE

TO THE APPLICANT

The purpose of Bethel School of Ministry is to train and equip ministers for effective service to the Body of Christ. The Continuing Education Program will serve non-traditional students by offering a course of study which is both systematic and functional.

Registration Fee: \$100 Due on the First Weekend Session

**Submit with all references in one envelope and send to: School Of Ministry/Application
PO Box 117
Kenedy Texas 78119**

DATE ____/____/____

TYPE OR PRINT ALL ITEMS

General Information

Full Legal Name _____

Nickname _____

Present Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ E-mail _____

Sex Male Female Date of Birth ____/____/____ Age _____

Languages Spoken Primary _____ Secondary _____ Other _____

Marital Status

CIRCLE ONE

Single

Married

Separated

Remarried

Divorced

Widowed

How long have you been married? _____

Spouse's Name _____ Date of Birth ____/____/____ Age _____

Please explain previous marriage(s) and give dates (if applicable) _____

Will your marital status change between now and the time you register for classes? Yes No

Future Spouse's Name (if applicable) _____ Is he or she an applicant for this School? Yes No

Please list all your children _____

Education

High School _____ Graduated? Y N
GED? Y N Date of Graduation or GED ____ / ____ / ____
College _____
Date Attended ____ / ____ / ____ Graduated Y N Highest Degree Attained: _____

Church Information

Church Name _____ Denomination _____
Pastor's Name _____ Church Phone _____
Address _____ City _____ State _____ Zip _____
How long have you attended the church named above? _____ Year _____ Month Are you a member? Y N

If you have attended the Church named above less than one year, please fill in the needed information below:

Previous Church's Name _____ Denomination _____
City _____ State _____ Pastors Name _____ Phone _____
How long did you attend the church named above? _____ Year _____ Month Were you a member? Y N

Spiritual

When did you accept Jesus as your Savior? _____
How did you become a born again Christian? _____

Describe your daily walk God.

Do you feel called to full time ministry? Y N

Please describe any ministry experience which you have had.

To what aspect of ministry service do you feel called? Please explain (Pastor, Evangelism, Missions, Worship, Children’s Ministry, Youth Ministry, etc.)

Why do you want to attend Bethel School of Ministry?

What are your expectations for this Term?

Have you spoken to your pastor about attending the Bethel School of Ministry? Y N
If so does he/she support your desire to attend?

Signature_____Date_____

Last Name _____

Pastoral Recommendation

To The Applicant:	Please complete this section.	Date ____/____/____
Applicant's Name _____		
First	Middle	Last

The person named above is applying for admission to Bethel School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept confidential. Thank you for your assistance. When complete, please enclose in an envelope, seal, and sign over the seal.

Name _____

Address _____ Phone (____) _____

1. How long have you known the applicant? _____

2. How well do you know applicant? By name Casually Fairly Well Very Well

3. Describe the applicant by checking the following.

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperative	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Emotional	_____	_____	_____	_____	_____
Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Social Ability	_____	_____	_____	_____	_____
Response to	_____	_____	_____	_____	_____
Authority	_____	_____	_____	_____	_____
Seriousness of	_____	_____	_____	_____	_____
Purpose	_____	_____	_____	_____	_____
Teachable	_____	_____	_____	_____	_____
Respectful	_____	_____	_____	_____	_____

4. To the best of your knowledge, what ministry has the applicant been involved in? _____

5. What do you consider as the applicant's strengths? _____

6. What do you consider as the applicant's weakness? _____

7. Do you have any reservations about this applicant? _____

8. Do you believe the applicant is or may be called to the ministry? _____

Please Check One:

_____ I Recommend _____ I Recommend With Reservation _____ I do not recommend

Please Comment: _____

Signature _____

Date _____

Last Name

General Recommendation

To The Applicant: Please complete this section.

Date

Applicant's Name

First

Middle

Last

The person named above is applying for admission to Bethel School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept confidential. Thank you for your assistance. When complete, please enclose in an envelope, seal, and sign over the seal.

Name

Address Phone

1. How long have you known the applicant?

2. How well do you know applicant? By name Casually Fairly Well Very Well

3. Describe the applicant by checking the following.

	Excellent	Good	Fair	Poor	Unknown
Character					
Leadership					
Cooperative					
Appearance					
Emotional Stability					
Initiative					
Compassion					
Social Ability					
Response to Authority					
Seriousness of Purpose					
Teachable					
Respectful					

4. To the best of your knowledge, what ministry has the applicant been involved in?

5. What do you consider as the applicant's strengths?

6. What do you consider as the applicant's weakness?

7. Do you have any reservations about this applicant?

8. Do you believe the applicant is or may be called to the ministry?

Please Check One.

☐ I Recommend

☐ I Recommend With Reservation

☐ I do not recommend

Please Comment:

Signature

Date

Last Name _____

General Recommendation

To The Applicant this recommendation should be filled out by a youth leader, teacher, or close friend.
Please complete this section. Date _____/_____/_____

Applicant's Name _____
First Middle Last

The person named above is applying for admission to Bethel School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept confidential. Thank you for your assistance. When complete, please enclose in an envelope, seal, and sign over the seal.

Name _____

Address _____ Phone (_____) _____

1. How long have you known the applicant? _____

2. How well do you know applicant? By name Casually Fairly Well Very Well

3. Describe the applicant by checking the following.

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperative	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Emotional	_____	_____	_____	_____	_____
Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Social Ability	_____	_____	_____	_____	_____
Response to	_____	_____	_____	_____	_____
Authority	_____	_____	_____	_____	_____
Seriousness of	_____	_____	_____	_____	_____
Purpose	_____	_____	_____	_____	_____
Teachable	_____	_____	_____	_____	_____
Respectful	_____	_____	_____	_____	_____

4. To the best of your knowledge, what ministry has the applicant been involved in?

5. What do you consider as the applicant's strengths? _____

6. What do you consider as the applicant's weakness? _____

7. Do you have any reservations about this applicant? _____

8. Do you believe the applicant is or may be called to the ministry? _____

Please Check One:

_____ I Recommend

_____ I Recommend With Reservation

_____ I do not recommend

Please Comment: _____

Signature _____

Date _____