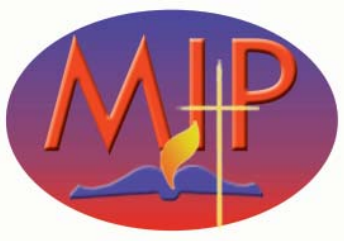


MINISTERIAL INTERNSHIP PROGRAM

APPLICATION FORM



Send Application to Administrative Bishop

(Name of State/Region)

Application Deadline: May 31

FOR STATE OFFICE USE ONLY

- \$15 application fee
- Check for equivalency level

Approved by administrative bishop

(Date)

(Initials)

Personal Information: Section I *(Please PRINT or TYPE)*

Full Name _____ Date Completed _____

Called Name _____ Ministerial File Number _____

Address _____
Street or P.O. Box City State Zip Code

E-Mail Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ Age _____ Male Female Social Security # _____

Marital Status: Single Married Separated Divorced Widowed

Name of Spouse _____ Spouse's Date of Birth _____

Spouse's Social Security # _____ Date you were married: _____

Children (name and age): _____

Present Occupation: _____ How Long? _____

Ministry-Related Questions: Section II

Education (last year completed): _____

Other training (list type and years): _____

Church Presently Attending: _____

Pastor's Name and Address: _____

Describe your present ministerial/church activities: _____

