

NORTH CAROLINA CONFERENCE OF THE IPHC

***SCHOOL OF MINISTRY***

APPLICATION FOR ADMISSION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member of North Carolina Conference:  Yes  No Year Joined: \_\_\_\_\_

NCIPHC Local Church Membership (where): \_\_\_\_\_

Local church where you currently attend and/or minister: \_\_\_\_\_

Please check the appropriate status:

- Working toward Local Church Minister's Certificate
- Working toward Ministerial License  Working toward Ordination
- Working for CEUs  Working for personal and ministry enrichment
- Other: \_\_\_\_\_

Class Location: Falcon – Conference Training Center

Please indicate highest level of education completed:

- No High School  Some High School
- High School Graduate  Some College
- College Graduate  Some Graduate School
- Completed Graduate School  Other:

Graduate of IPHC College:  Yes  No

Name of College: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Other Bible-related college: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Check to be made payable to: NC Conference. Send check and completed form to:  
NCIPHC School of Ministry, PO Box 59, Falcon, NC 28342-0059

For Office Use Only:      Date Received: \_\_\_\_\_  
Application fee (\$25) paid: \_\_\_\_\_  
Confirmation mailed: \_\_\_\_\_