

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:
SOM Director Oris Hubbard, PO Box 149, Falcon, NC 28342-0149

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