

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: _____

Please check the appropriate status:

- () 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
- () High School Graduate
- () College Graduate
- () Completed Graduate School
- () Some High School
- () Some College
- () Some Graduate School
- () Other: _____

Graduate of IPHC College: () Yes () No

Name of College: _____ Year graduated: _____

Other Bible related college: _____

Signature: _____

* Check to be made Out to NC Conference. Send check and completed form to Director Jimmy Whitfield, 1204 E. 9th Street, Goldsboro, NC 27534

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