

ENROLLMENT FORM FOR MINISTERIAL PREPARATION – THE WESLEYAN CHURCH

Full Name _____ Date _____

Address _____ City _____ State/Prov _____

Postal Code _____ Home Phone _____ Work Phone _____

E-mail _____ Birth Date _____ Male ___ Female ___

Your Local Church _____ Your District _____

MINISTERIAL SERVICE AT THIS TIME:

___ Pastor ___ Assistant Pastor ___ Lay Worker (Area of Ministry _____)

___ Other (Please specify) _____

Other Employment _____

EDUCATION:

Are you a high school graduate? _____

College: 1yr ___ 2yrs ___ 3yrs ___ Graduate ___ Degree _____

Name of college/university attended _____

Are you presently in School? _____ Where? _____

GOD IS CALLING ME TO PREPARE FOR MINISTRY AS A:

___ Ordained Minister - Must be recommended by local church and DBMD
(Ministerial students, licensed ministers)

___ Lay Minister (Local Church License only; not a vocational pastor/staff pastor)

___ Lay Special Worker (Lay person in a local church/district setting. with a specialized area of ministry. Area of Specialty for Special Worker) _____

___ *Transferring Ordained Minister (Already Ordained Ministers coming into The Wesleyan Church) *Must submit transferring ministers form to the General Superintendents office at HQ and be recommended by your district superintendent.

A \$20 fee is required for this enrollment to be processed. Exceptions to the fee are for those who have attended a Wesleyan Church college/university/seminary.

RELEASE PERMISSION

I hereby grant permission to The Wesleyan Church Department of Education and the Ministry to release any records of my work or personal information for the purpose of informing the General Church, its district leaders, or its boards concerning my progress in and completion of the course requirements and other data as needed.

Signature of Student _____ Date _____

PLEASE SUBMIT:

1. **\$20.00 (U.S.)** ENROLLMENT FEE *WITH THIS APPLICATION*

2. TRANSCRIPTS OF YOUR COLLEGE/SEMINARY WORK FOR EVALUATION AND PERMANENT FILES

OR

DOCUMENTATION OF HIGH SCHOOL GRADUATION OR GED COMPLETION

Payment source: ___ Check ___ Visa ___ MasterCard

Card # _____ Expiration Date _____ Verification Code # _____

Send to: Education and the Ministry, P.O. Box 50434, Indianapolis, IN 46250

E-mail: education@wesleyan.org Web: www.wesleyan.org/education

Phone: 317-774-3912 Fax: 317-774-3915