

VI. EDUCATIONAL INFORMATION

Last High School grade completed _____ Year graduation: _____

Name of High School you graduated from: _____

List in chronological order all colleges/universities you have attended (if you need more room use separate sheet of paper). Include that name(s) of the institution(s), the dates attended and any degree received, place a copy of your diploma in your portfolio.

VII. REFERENCES

Pastor, Youth Pastor, Elder, Deacon, Assistant Pastor

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Email address: _____

VIII. SIGNIFICANT INFLUENCES

Please check below the significant influence in your decision to apply to the Institute for Teaching God's Word Seminary.

Pastor (name): _____

Relative: _____

Campus visit: _____

Former Student: _____

Other: _____

STATEMENT OF INTENT

If accepted I will uphold the standards of the Institute for Teaching God's Word Seminary with regard to morals, dress, class attendance and Christian conduct. I will abide by the School's rules in regards to course structure and financial obligations.

This application is valid for the intended year of enrollment. The completion of this application is preliminary to acceptance and does not guarantee acceptance

Signed: _____ Date: _____

FIRST YEAR STUDENTS ONLY
(PDF type in fields form)

Name: _____

Address: _____

WRITTEN TESTIMONY

Please type or print your answer and attach to your application.

When and how did Jesus Christ become personal to you and how are you growing in your spiritual life?

Describe any practical work or ministry you have been involved in.

What are some of your goals as you anticipate the Institute for Teaching God's Word Theological Seminary? How do you see I.T.G.W. assisting you in meeting your goals?

What skills or qualifications do you have that will enhance the ministry?

**FIRST YEAR STUDENTS ONLY
(NON-type able form)**

Name: _____

Address: _____

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PASTOR'S REFERENCE

This section to be filled in by applicant

Applicant's Name: _____
(First name) (Middle name) (Last name)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Enrollment Date: _____

Signature of Applicant: _____ Date: _____

The person named above has applied for admission The Institute for Teaching God's Word Theological Seminary. Each applicant for admission must submit a recommendation from his or her pastor. Serious consideration is given to this recommendation; therefore, we request that you complete this form and return it directly to the Admissions Office.

WE CANNOT PROCESS THIS APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVED THIS FORM

This section must be filled out by Pastor

CONFIDENTIAL

How long have you known the applicant? _____

To what extent: very well quite well not much little

Is he/she an active member of your church? Yes No In what capacities? _____

Please comment on the following:

1. Home Life: _____

2. Relationships: _____

3. Business and work ethics: _____

4. Areas of strength: _____

5. General disposition: _____

6. Self image: _____

7. Teachability: _____

8. Areas in which applicant needs change or growth: _____

Please check the appropriate answers and comment if required.

Do you consider the applicant to have balanced convictions? Yes No

If No, explain: _____

Is applicant free of any physical weakness or emotional problems that would hinder him/her in an intensive academic environment? Yes No If Yes, explain: _____

Is the applicant living a consistent Christian Life? Yes No

If the applicant is married, briefly describe the marriage: relationship: _____

Please add any further comments that you feel will help us in evaluating the applicant: _____

RECOMMENDATION

Would you recommend that we accept this application? Definitely Unsure Not at this time.

What is your recommendation based on? _____

Signature: _____ Date: _____

Name (please type/print): _____

Name of Church: _____ Your position: _____

Address: _____

Phone: (_____) ____ - _____

Check here if you would like to talk to us personally about this applicant.

Please return this form in an envelope marked "CONFIDENTIAL" to:

The Institute for Teaching God's Word Theological Seminary
103 Mulberry
PO Box 1157
Rockdale, TX 76567