



SCHOOL OF MINISTRY APPLICATION

PERSONAL INFORMATION

Full Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Name, address and telephone number of person to contact in case of an emergency:

Name: _____

Address: _____

Phone: _____

On separate sheets of paper, provide the following:

1. Personal/Spiritual History

Your personal understanding of your spiritual development including personal history, current spiritual practice and beliefs, and spiritual experiences and goals.

2. Personal Statement of Intent

A clear and concise statement of intent addressing the following issues:

- What attracts you to the Fellowship School of Ministry?
- What are your expectations of this program?
- Please indicate if you intend to pursue ordination.
- What are your long-term goals following completion of this program?

3. EDUCATION

The Fellowship School of Ministry competencies may be fulfilled by previous studies successfully completed through other schools, work experiences, seminars, workshops and other related personal growth activities. Please include copies of transcripts from all college level schools and certificates of attendance from seminars and workshops that are applicable to this program.

In the space below or on a separate sheet of paper, please list all relevant educational experiences, both formal and informal, which helped prepare you for admission to the Fellowship School of Ministry.

If no bachelor's degree, please attach a statement explaining your commensurate work and/or life experience toward an undergraduate degree.

4. WORK HISTORY

Please list your current and previous work history (*or attach resume*). Include job description, place and dates of employment.

Please list volunteer service, community and leadership work:

5. REFERENCES

Please supply names, full addresses (including zip codes), and telephone numbers of three people familiar with your personal, spiritual, academic and/or occupational experiences

Personal:

Name:	Address:	Phone:

Spiritual:

Name:	Address:	Phone:

Academic/Occupational:

Name:	Address:	Phone:

I have enclosed the three letters of recommendation from these individuals.

YES NO

6. PERSONAL HEALTH

The school and ministry calls for individuals who have vigorous and energetic mental, emotional, and spiritual capacities.

It is our intention that students have a healthy life-style and have or are working on healing addictions and habits that are not serving their personal growth and spiritual development.

CHALLENGES:

What areas do you perceive as your greatest spiritual, mental, emotional and/or physical challenges?

TECHNIQUES FOR MEETING THESE CHALLENGES:

What kinds of exercises or practices do you engage in to help meet these challenges?

Are there any special accommodations that you require in order to participate in the Fellowship School of Ministry?

STATEMENT OF APPLICATION

Mail the application and required enclosures to The Fellowship For Today Spiritual Center at:

**600 W. Maple St.
Lansing, MI 48906**

I have enclosed the necessary transcript copies, copies of seminar/workshop certificates, three letters of recommendation and **my check for the \$50.00 non-refundable application fee**. Make checks payable to The Fellowship for Today and note School of Ministry application fee on check.

I also understand that an interview is required prior to acceptance into the program and that the school will call to set up a mutually agreeable time for this interview.

Signature: _____

Date: _____

The Fellowship For Today will not discriminate against any person who applies for admission to the Fellowship School of Ministry on the basis of their race, color, religion, national origin, gender, familial or marital status, age, disability, sexual orientation, height, weight or prior arrest record.