

**MINISTRY SKILLS INSTITUTE**  
**Ministry Training Internship**  
**APPLICATION**



NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ (city) (state) (zip)

HOME PHONE#: \_\_\_\_\_ CELL#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

NAME OF SPOUSE (if married): \_\_\_\_\_ YEARS MARRIED: \_\_\_\_\_

**EDUCATION AND TRAINING HISTORY:**

Institution/Training Facility Degree/Type of Training Received

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**EMPLOYMENT HISTORY:**

Employer Position Held Years of Employment

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DO YOU HAVE A HOME CHURCH? \_\_\_\_\_

(If so) NAME OF CHURCH: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

NAME OF PASTOR: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A CHRISTIAN? \_\_\_\_\_

IN WHAT WAYS HAVE YOU SERVED IN CHURCH OR IN A MINISTRY:

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DO YOU SENSE THAT YOU ARE BEING CALLED TOWARD A SPECIFIC AREA OF MINISTRY? \_\_\_\_\_

IF SO BRIEFLY EXPLAIN: \_\_\_\_\_

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WHY DO YOU DESIRE TO ATTEND MSI?

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BRIEF OVERVIEW OF YOUR CHRISTIAN EXPERIENCE:  
(Submit typed page with your application)

INTENDED DATE TO BEGIN MSI: \_\_\_\_\_

LIST TWO PERSONAL REFERENCES:

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

city

state

zip

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

city

state

zip

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TUITION PAYMENT PLAN:

\_\_\_\_ FULL PAYMENT -One year payment of \$1500 in advance of beginning MSI.  
(The Ministry Training Internship tuition is discounted to \$1500 per year when paid in full in advance.)

\_\_\_\_ FLEX PAYMENT -Payment of \$650 in advance of beginning MSI and monthly payments of \$200 for the next 5 months.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Completed application should be mailed to:**

**Ministry Skills Institute  
P.O. Box 588  
Platte City, MO 64079**

**OFFICE USE ONLY: APPROVED \_\_\_\_\_ PAYMENT RECEIVED \_\_\_\_\_**

**COMMENTS:** \_\_\_\_\_

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