



MINISTRY SKILLS INSTITUTE

The Journey
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

EMPLOYMENT HISTORY:

Employer Position Held Years of Employment

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:

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

IF SO BRIEFLY EXPLAIN: _____

WHY DO YOU DESIRE TO ATTEND MSI?

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. Monthly payments are due on the 20th of each month.

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: _____

