



ADDRESS \_\_\_\_\_  
Street Address Apt #

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**CHURCH INFORMATION**

CHURCH NAME \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

If this church has a formal membership, how long have you been a member? \_\_\_\_\_

**EDUCATIONAL INFORMATION**

List all senior high schools, higher institutions and in-church formal training schools:

Name of School	Address	Years Attended	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not have a high school diploma, do you have a high school equivalency diploma (GED)? \_\_\_\_\_ (If neither, refer to handbook for additional information)

Issued by \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present employer \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Type of work \_\_\_\_\_ How long? \_\_\_\_\_

Part-time  Full-time Days? \_\_\_\_\_ Hours? \_\_\_\_\_

Will your employer allow time for 1-2 weeks mission outreaches? \_\_\_\_\_

**PAST EMPLOYMENT**

Name of Employer	Type of Work	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HEALTH**  Excellent  Good  Average  Poor

Do you have a physical disability or activity limitations?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you under a doctor's care or on any medications? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

**GENERAL INFORMATION**

High School/ College Extracurricular activities \_\_\_\_\_

\_\_\_\_\_

Hobbies/ Interests \_\_\_\_\_

Musical Interests \_\_\_\_\_

Types of Christian service in which you have been most active \_\_\_\_\_

\_\_\_\_\_

Are you a minister? \_\_\_\_\_  Ordained  Licensed  Other \_\_\_\_\_

Credentialed by \_\_\_\_\_

Have you ever been suspended or expelled from any school? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

## **PERSONAL STATEMENT**

When were you saved? \_\_\_\_\_ When did you receive the Holy Spirit? \_\_\_\_\_

When were you water baptized? \_\_\_\_\_

Motivational Gifts:   \_\_\_ Serving   \_\_\_ Prophecy   \_\_\_ Teaching   \_\_\_ Exhortation  
                              \_\_\_ Giving   \_\_\_ Administration   \_\_\_ Mercy

Do you feel a call or burden for a specific line of Christian service? \_\_\_\_\_

Explain: \_\_\_\_\_

What are your vocational plans upon completion of your training? \_\_\_\_\_

\_\_\_\_\_

State the reason you desire to attend Bible School and what you want to be accomplished by this training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **GIFTING/TALENTS**

Would you be interested in using your gifting in any of the following areas?  
(Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drama               | <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Hospitality          |
| <input type="checkbox"/> Ushering/Security   | <input type="checkbox"/> Media- Websites       | <input type="checkbox"/> Media – Audio/Video  |
| <input type="checkbox"/> Worship-Vocals      | <input type="checkbox"/> Worship-instrument    | <input type="checkbox"/> Maintenance          |
| <input type="checkbox"/> Janitorial/Cleaning | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Lighting/ Set Design |

Other \_\_\_\_\_

## **REFERENCES**

List the name, complete address and telephone number of your pastor (minister) and of two persons (not relatives), who have known you for at least one year. Each of these should be asked to complete an E4 Fast Track Reference Form and have them mail it directly to E4 Admissions (see Pastoral/Personal Recommendation Form for address).

1. Pastor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

TERMS OF AGREEMENT

I understand that all items related to this application submitted to E4 are part of the application process and become permanent property of E4 and will not be returned.

I hereby state that all the information contained on this application is correct and true. If E4 is notified that any information contained herein is false, it will be grounds for my immediate dismissal from E4. I also understand that completion of this application in no way guarantees or implies acceptance and/or enrollment as a student at E4.

I understand that the information contained on the Pastoral Recommendation and the Personal Recommendation is confidential. I hereby waive my right to see the confidential material contained therein and I hereby release said materials to become property of E4.

If accepted, I agree to abide by the policy and guidelines of E4.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: APPLICATIONS WILL BE PROCESSED BY ADMISSIONS BUT FINAL APPROVAL WILL BE CONTINGENT UPON RECEIPT OF REFERENCES.