**ENROLLMENT QUESTIONNAIRE**

**DISTRICT BOARD OF MINISTRY**

**SOUTH TEXAS DISTRICT Church of the Nazarene**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** **Local Church**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/ZIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Married?** ( )Yes ( )No **Ages of children, if any** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High school graduate?** ( )Yes ( )No, **If no, what grade?** **List colleges attended/years/degrees earned:**

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**Course of study?** ( )Elder ( )Deacon/Christian Education

( )Deacon/Music Ministry ( )Deacon/Compassionate Ministry

( )Deacon/Youth Ministry ( )Deacon/Administration

**Proposed method of study?** ( )College Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( )Seminary ( )Nazarene Bible College ( )Modules

**Are you transferring from another district?** ( )Yes ( )No

If so, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level/Year of placement? \_\_\_\_\_\_\_\_\_\_\_

List the name and address of the Secretary of the Ministerial Studies Board of your former district:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have you received a Local Minister's License?** ( )Yes ( )No

If so, which church/district? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_ Pastor \_\_\_\_\_\_\_\_\_\_\_

**Have you received a District Minister's License?** ( )Yes ( )No

If so, which district? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First year of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you transferring from another denomination?** ( )Yes ( )No

If so, which denomination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ordained?** ( )Yes ( )No **License/Certificate held?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE WRITE ANY ADDITIONAL INFORMATION YOU FEEL IS RELEVANT TO YOUR RELATIONSHIP WITH THE DISTRICT BOARD OF MINISTRY ON THE BACK OF THIS APPLICATION FORM. ATTACH TRANSCRIPTS FROM ANY COLLEGES OR OTHER INSTITUTIONS YOU HAVE ATTENDED.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OFFICIAL BOARD USE ONLY**

Date first District License issued.

Date Internship (Supervised Field Education) completed.

Date graduated from the Course of Studies.