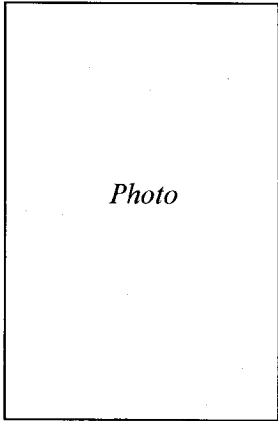


Trinidad School of Preaching
Student Application Form



NAME: _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE/EMAIL: _____

COUNTRY OF BIRTH: _____

ACADEMIC QUALIFICATION: _____

MARITAL STATUS: _____ IF DIVORCED, PLEASE GIVE THE REASON: _____

IF MARRIED: SPOUSE'S FULL NAME: _____

NUMBER OF CHILDREN: _____

LAST EMPLOYER: _____

YOUR CHURCH MEMBERSHIP: _____ DATE OF BAPTISM: _____

HOME CONGREGATION ADDRESS: _____

DO YOU HAVE EXPERIENCE PREACHING? YES NO

DO YOU TEACH BIBLE CLASS? YES NO

DO YOU TEACH CHILDRENS' CLASSES? YES NO

DO YOU TEACH ADULT CLASSES? YES NO

HAVE YOU HELPED TO CONVERT OTHERS? YES NO

HAVE YOU WORKED IN GOSPEL CRUSADES? YES NO

CAN YOU LEAD SINGING? YES NO

DO YOU HAVE ANY PHYSICAL HANDICAPS? YES NO

EXPLAIN: _____

A MONETARY CONTRIBUTION OF \$700 TTD PER MONTH IS REQUIRED TO SUPPORT ONE STUDENT.

WILL YOUR FAMILY PROVIDE FINANCIAL SUPPORT FOR YOU WHILE YOU ARE ENROLLED?

YES NO IF SO, HOW MUCH? _____

WILL YOUR CONGREGATION PROVIDE FINANCIAL SUPPORT FOR YOU WHILE YOU ARE ENROLLED?

YES NO IF SO, HOW MUCH? _____

DATE: _____

SIGNATURE OF APPLICANT: _____

(BLOCK LETTERS)