

**INSTITUTE FOR TEACHING GOD'S WORD THEOLOGICAL SEMINARY
APPLICATION FORM**

I. ENROLLMENT DATE _____

II. What program are you enrolling in: Bachelor Master Doctor
 Biblical Studies Faith-based Crisis Counseling Theology

III. PERSONAL INFORMATION

Name: _____
 (first name) (middle name) (last name)

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email address _____

Marital Status single married separated divorced

Name of Spouse if Married _____ Will he/she be attending classes? Yes No

IV. CHURCH INFORMATION

Local Church Name _____

Mailing address _____ City _____

State _____ Zip _____

Phone (_____) _____

Pastor's Name _____

Denomination of your local church (Baptist, Methodist, etc.) _____

V. GENERAL FINANCIAL INFORMATION

The Administrators of the Institute for Teaching God's Word Theological Seminary are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his financial responsibilities are very significant to a successful ministry. Many ministers with great potential have faltered and brought much reproach to the Kingdom of God by the improper handling of their finances. **(No student will be issued a diploma or allowed to participate in graduation ceremonies until all financial or class obligations have been met.)** Therefore, we desire that you identify how you plan to pay expenses:

How do you expect to finance your education? Check Cash Other

Sponsorship (if sponsored who is your sponsor?) _____

VI. EDUCATIONAL INFORMATION

Last High School grade completed _____ Year of graduation _____

Name of High School you graduated from _____

List in chronological order all colleges/universities you have attended (if you need more room use a separate sheet of paper). Include the name of the college, the dates attended and any degree received, place a copy of your diploma in you portfolio.

VII. REFERENCES

Pastor, Youth Pastor, Elder, Deacon, Assistant Pastor

Name _____

Phone(_____) _____

Street/Box _____ City _____

State _____ Country _____ Zip _____

VIII. SIGNIFICANT INFLUENCES

Please check below the significant influence in your decision to apply to the Institute for Teaching God's Word Seminary.

___ Pastor (name) _____ ___ Relative _____

___ Campus visit ___ Former Student ___ Other _____

Current Student (name of student) _____

STATEMENT OF INTENT

If accepted I will uphold the standards of the Institute for Teaching God's Word Seminary with regard to morals, dress, class attendance and Christian conduct. I will abide by the School's rules in regards to course structure and financial obligations.

This application is valid for the intended year of enrollment. The completion of this application is preliminary to acceptance and does not guarantee acceptance.

Signed: _____ Date: _____

PASTOR'S REFERENCE

This section to be filled in by applicant

Applicant's Name _____

Street/Box _____ City _____ State _____ Zip _____

Enrollment Date _____

Signature of Applicant _____ Date _____

The person name above has applied for admission to The Institute for Teaching God's Word Theological Seminary. Each applicant for admission must submit a recommendation from his or her pastor. Serious consideration is given to this recommendation; therefore, we request that you complete this form and return it directly to the Admissions Office.

WE CANNOT PROCESS THIS APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVE THIS FORM

This section must be filled out by Pastor

CONFIDENTIAL

How long have you known the applicant? _____ To what extent very well quite well not much little

Is he/she an active member of you church? Yes No In what capacities? _____

Please comment on the following:

1. Home Life _____

2. Relationships _____

3. Business and work ethics _____

4. Areas of strength _____

5. General disposition _____

6. Self image _____

7. Teachability _____

8. Areas in which the applicant needs to change or grow _____

Please check the appropriate answer and comment if required.

Do you consider the applicant to have balanced doctrinal convictions? Yes No

If no explain _____

Is applicant free of any physical weaknesses or emotional problems that would hinder him or her in an intensive academic environment? Yes No If yes explain _____

Is the applicant living a consistent Christian life? Yes No

If the applicant is married, briefly describe the marriage relationship. _____

Please add any further comments that you feel will help us in evaluating the applicant.

RECOMMENDATION

Would you recommend that we accept this applicant? Definitely Unsure Not at this time

What is your recommendation based upon? _____

Signature _____ Date _____

Name (please print) _____

Name of Church _____ Your position _____

Address _____

Phone (_____) _____

Check here if you would like to talk to us personally about this applicant.

Please return this form in an envelope marked “CONFIDENTIAL” to:

The Institute for Teaching God’s Word Theological Seminary
103 Mulberry
PO Box 1157
Rockdale, Texas 76567

Name: _____

Address: _____
(FIRST YEAR STUDENTS ONLY)

WRITTEN TESTIMONY

Please type or print your answers and attach to your application.

When and how did Jesus Christ become personal to you and how are you growing in your spiritual life?

Describe any practical work or ministry you have been involved in. _____

What are some of your goals as you anticipate attending the Institute for Teaching God's Word Theological Seminary. How do you see I. T. G. W. assisting you in meeting your goals?

What skills or qualifications do you have that will enhance the ministry? _____
