

Full Name

First NameLast Name

E-mail

Phone Number

Area CodePhone Number

Address

Street Address

Street Address Line 2

CityState / Province

Postal / Zip CodeCountry

Birth Date

MonthDayYear

Marital Status

- Single
- Married
- Divorced
- Widowed

If married, will your spouse be attending school?

- Yes
- No

Gender

- Male
- Female

When did you accept Christ as your personal Saviour?

Have you been baptized?

Yes

No

Do not know

If yes, when and when were you baptized?

Do you attend church regularly?

Yes

No

Are you a member?

Yes

No

How long have you attended?

Home Church

Church Phone Number

Area Code

Phone Number

Church Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Pastor's Name

Have you recently left another church?

- ☐ Yes
- ☐ No

If yes, was it a good parting or are there unresolved issues?

What Christian Service have you done?



Please described any physical or emotional conditions, state and special attention, treatment or medication required:

Do you have any special dietary requirements?



List the High School you graduated from or Date and State of your GED.

List Any Colleges Attended: Include Dates and Majors

List your Degree(s) / Higher Education awards

Name of Spouse if married

First Name

Last Name

Children (Names & ages)

Father's Name

First Name

Last Name

Father living?

Yes

No

Mother's Name

Mother living?

First Name

Last Name

Yes

No

Do you smoke?

Yes

No

If you have answered "Yes" to this question then please explain below:

Have you been drunk in the last 6 months?

Yes

No

If you have answered "Yes" to this question then please explain below:

Have you been used pornography in the last 12 months?

Yes

No

If so, when and what have you been doing to remain pure?

Have you been involved in homosexuality within the last 5 years?

☐ Yes ☐ No

If so, when was the last time and what has God done to restore you?

Have you been arrested?

☐ Yes ☐ No

If yes, please provide a brief explanation.

Where you ever convicted?

☐ Yes ☐ No

If yes, where and where? please provide a brief explanation.

Have you ever been involved in the occult, witchcraft or cults?

☐ Yes ☐ No

If yes, please provide a brief explanation.

Have you used illegal drugs in the last six months?

☐ Yes ☐ No

If yes, please explain.

Occupation

Present Employer

Employer's Phone Number

Area Code

Phone Number

Address

Street Address

Street Address Line 2

CityState / Province

Postal / Zip CodeCountry

Employers E-mail



Have you read the financial information? (under "Tuition & Fees")

YesNo

Will you have any problems will the financial commitment to the course?

YesNo

If yes, please explain.



Have you previously applied to any other Theological Seminarys?

Yes

No

Please list any Christian books you have recently read:

How did you hear about Pheuma Theological Seminary?

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord. Please Limit statement to 500 words

Briefly explain why you want to attend Pneuma Theological Seminary. Please Limit statement to 500 words.

What are you passionate about? Please Limit statement to 500 words.

Reference One - Full Name

First Name

Last Name

Reference One - E-mail

Reference One - Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Reference Two - Full Name

First Name

Last Name

Reference Two - E-mail

Reference Two - Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Pastor's - Full Name

First Name

Last Name

Pastor's- E-mail

Pastor's - Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country



By clicking Yes I certify and agree with the above statement.

I agree

I don't agree

Signature
