

Women in Ministry Leadership Training

Application for Admission

This information in this section will be maintained in our Church Records. Please check accuracy.

SECTION I:

Your Full Legal Name: _____

This name will appear on your Ordination Certification and in our church records.

Address / City / State / Zip: _____

Social Security Number: _____ **Valid Driver's License Number:** _____

Expiration Date: ____/____/____

Home Telephone Number: () _____ **Cellular:** () _____

How did you hear about the Church of the Living God and /or Women in Ministry Training

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SECTION II:

Have you ever been baptized? [] Yes or [] No, if no would you like to be baptized?

If no, why not? _____

What is the name, address, telephone number and the denomination of the Church where you are attending? Include the name of your Pastor: _____

Have you ever been ordained in the past? [] Yes or [] No. If yes, please list the date, location and the name of the Pastor, Church and Church location where the ordination was held.

SECTION III:

Please initial in the space provided from the list below – all that apply to your choice of degree & courses.

- | | | | |
|---|---|---|---|
| [|] | Master’s Degree in Religion
\$250.00 | Why have you chosen this program?
<hr/> <hr/> <hr/> |
| [|] | Doctor of Biblical Studies
\$240.00 | <hr/> <hr/> <hr/> |
| [|] | Doctor of Divinity
\$150.00 | <hr/> <hr/> <hr/> |
| [|] | Missionaries & Teachers
(Biblical Discipleship) \$175.00 | <hr/> <hr/> <hr/> |
| [|] | Ordination Credentials
(FREE with any Program) | <hr/> <hr/> <hr/> |
| [|] | 1 – 3 Day Residency Program | <hr/> <hr/> <hr/> |
| [|] | Wedding Officiant Program
\$350.00 | <hr/> <hr/> <hr/> |

Have you performed weddings? Yes No

Please circle the days and time of when you are available to attend classes select 3 days only:

<u>Monday:</u>	6 p.m.	7 p.m.	8 p.m. (Class ends at 9 p.m.)		
Tuesday:	6 p.m.	7 p.m.	8 p.m. (Class ends at 9 p.m.)		
<u>Wednesday:</u>	6 p.m.	8 p.m.	(Class ends at 9 p.m.)		
<u>Saturday:</u>	(Required)	9 a. m.	10 a.m.	11 a.m.	12 noon
(4 hours on Saturdays cannot begin after 12 noon)					

SECTION IV: DISCLAIMER

Please read and initial in each space provided and sign below.

- [] I understand and agree that my application will be processed and the information I have provided will be verified before approval can be extended for official enrollment. The decision will be mailed to me.
- [] I understand that my name, title and honorary degrees may be included on my Ordination Credentials only if they have been issued by the Church of the Living God, ULC.
- [] I under and agree that contributions for course enrollment are non-refundable.
- [] I understand that dates, courses and honorary degree programs maybe added, deleted or modified without notice.
- [] I understand and agree that WIM is an accelerated program designed to teach and ordain women in church Leadership to become more effective as Leaders in the Church. It is recommended for students who are already serving in a leadership capacity in a church and/or women with a clear understanding of the Holy Bible. It is not recommended for student who considers themselves as beginners and have not had the opportunity to study the Holy Bible. We do not guarantee the success of any student.
- [] I understand and agree that the Church of the Living God and its staff reserves the right to dismiss or remove me from any program under the following circumstances. Decisions are final with no appeals process: If, ...
a. I become disruptive, disrespectful and/or cause negative confusion to the staff and/or fellow students. ***
b. I failed to follow the rules, regulations, policies and procedures. ***
c. I have been dishonest with the information submitted on my application. ***
d. It is later determined that I may not benefit from completing my enrollment due to my failure to attend classes. *** or I made an inappropriate selection for a program that is outside or above what I can achieve in a reasonable amount of time coupled with my current skill level. I further understand that if I am dismissed for any reason as outlined herein (***), I will not be allowed to re-enroll and there will be no refunds issued to me.
- [] I understand and agree that if I and the Church of the Living God, shall disagree and are unable to resolve a dispute, I will respect the "Separation of Church and State" and not file a legal action in any court of law. I agree to mediate our dispute with 1 of 3 mediators selected by the Church and be bound by the decision agreed upon in mediation and if the mediator requires a fee, I will advance the costs. I further understand and agree that issues relating to fees are not an area available for mediation, as there are no refunds whatsoever.
- [] I understand and agree that I must pay my fees in full in advance before I will be permitted to begin attending classes and receiving any books and materials. Fees must be paid either by cash, cashier's check, or post office money order only. We do not accept credit card payments. Should a check be returned by my bank for any reason, I will pay the return check fee of \$55.00 plus the amount of the initial check and I will not be permitted to submit checks for fees in the future.

My signature below certifies that I have been truthful regarding the details written in my application. I have read, understand and agree to the terms and conditions as outlined herein. My signature further confirms that I agree to be bound by these terms before my application will receive admission approval considerations.

Signature: _____ Date: ___/___/___ Witness: _____

Print your name: _____ Print Name: _____

Fees attached to this application: [] Application fee: 35.00 [] Enrollment / Program Fee

[] Check [] Money Order [] Cash **(do not mail cash)** \$ _____