

Shenandoah District The Wesleyan Church
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Ministerial Student Information Sheet

Date: _____

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

Preferred Name: _____

Address: _____

City: _____

State: _____ Zip _____

Phones: _____ Birth Date (M/D/Y): _____

Home _____ Gender: M F

Cell _____ Marital Status: _____

Work _____ Spouse Name: _____

E-mail: _____ Anniversary Date (M/D/Y): _____

Present Occupation: _____

Covenant Church Membership: _____
(local church name)

When did or will the church recommend you to the district as a ministerial student? _____
(date)

Have you enrolled with the Department of Education and Clergy Development? ☐ Yes ☐ No

Which option do you anticipate using for your training?

☐ Wesleyan college/university or approved seminary. Which one? _____

☐ *Flame*, correspondence, and extension classes (limited to students over the age of 28 or students who hold a B.A. or B.S. degree).

Email completed form to dbmd@shenandoahdistrict.ws