

Please answer the following questions to the best of your ability...

PERSONAL INFORMATION //

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Birth Date: _____ Age: _____ Sex: _____

Social Security #: _____

FAMILY BACKGROUND //

Name of Father or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Accepted Christ (circle one): Y or N

Occupation: _____

Name of Mother or Guardian: _____

Address (If different than above): _____

City: _____ State: _____ Zip: _____

Accepted Christ: Y or N

Occupation: _____

MEDICAL BACKGROUND //

How would you describe your health?: Excellent Good Fair Poor

List any allergies: _____

List any physical limitations: _____

MEDICAL BACKGROUND (continued)

List any medications that your are currently using: _____

LIFESTYLE //////////////////////////////////////

What type of activities do you enjoy doing?: _____

Do you or have you ever smoked?: Y or N

If yes, please explain: _____

Do you or have you ever consumed alcoholic beverages?: Y or N

If yes, please explain: _____

Do you or have you ever used any illegal drugs?: Y or N

If yes, please explain (last date used, etc): _____

EMPLOYMENT //////////////////////////////////////

Are you currently employed?: Y or N

Present Employer: _____

Position: _____ Date Hired: _____

Past Employer: _____

Position: _____ Date Hired: _____

FINANCIAL //////////////////////////////////////

Tuition for a 1st year student is \$5500. How do you plan to pay for your tuition?: _____

FINANCIAL (continued)

Will you have the required amount by the required date? Y or N

If no, please explain: _____

Do you own a vehicle? (highly recommended): Y or N

Do you have health insurance? (required upon entrance): Y or N

List any debts, loans, and payments that you presently owe: _____

Will your debt be paid in full by the start of Master's Commission?: Y or N

If no, how will you make payments?: _____

CHURCH BACKGROUND //////////////////////////////////////

Name of Home Church: _____

Denomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Senior Pastor: _____

Name of Youth Pastor: _____

How long have you attended this church?: _____

What is your level of involvement?: _____

Are you a member of this church?: _____

When did you accept Christ?: _____

Where?: _____

Have you been baptized in water?: Y or N

Have you had an Acts 2:4 experience? (not required for acceptance):

Y or N

CHURCH BACKGROUND (continued)

How many times a week do you attend church?: _____

How do your parents/guardians feel about you coming to BMC?: _____

PERSONAL REFERENCES //////////////////////////////////////

References must not be family members

Name: _____

Relation: _____

Phone Number: _____

Name: _____

Relation: _____

Phone Number: _____

Name: _____

Relation: _____

Phone Number: _____

QUESTIONNAIRE //////////////////////////////////////

What is your definition of a servant: _____

What do you believe God has called you to do?: _____

QUESTIONNAIRE (continued)

Define your idea of ministry: _____

What qualities do you think are necessary for a spiritual leader to have?:

How did you hear about BMC?: _____

If accepted, are you willing to make a nine month commitment?: Y or N

When you return your application, please include the following:

1. Personal testimony (300 words typed)
2. A recent photo of yourself (will not be returned)
3. A copy of your high school or college transcripts
4. A \$20.00 (US currency) processing fee (check or money order made payable to Bethel Master's Commission)

Mail to:

Bethel Master's Commission, 1705 Todds Lane, Hampton, VA 23666