

# **Desert Wind Bible Training Center**

## **Application for Admission**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ EMPLOYED: \_\_\_\_\_

NAME OF YOUR CHURCH: \_\_\_\_\_

NAME OF PASTOR: \_\_\_\_\_

ADDRESS OF CHURCH: \_\_\_\_\_

WHAT TYPE OF MINISTRY WORK ARE YOU INVOLVED IN AT YOUR CHURCH?

\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: \_\_\_\_\_

SECONDARY SCHOOL: \_\_\_\_\_

UNIVERSITY OR COLLEGE: \_\_\_\_\_

OTHER SCHOOL: \_\_\_\_\_

HAVE YOU HAD PREVIOUS BIBLE SCHOOL TRAINING? \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

WHAT LANGUAGES DO YOU SPEAK? \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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