

# ENROLLMENT FORM

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_ Birth Year \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Your Local Church \_\_\_\_\_ Your District \_\_\_\_\_

## MINISTERIAL SERVICE AT THIS TIME:

\_\_\_ Pastor \_\_\_ Assistant Pastor \_\_\_ Lay Worker (Area of Ministry \_\_\_\_\_)  
\_\_\_ Other (Please specify) \_\_\_\_\_  
\_\_\_ Other Employment \_\_\_\_\_

## EDUCATION:

Are you a high school graduate? \_\_\_\_\_  
College: 1yr \_\_\_ 2yrs \_\_\_ 3yrs \_\_\_ Graduate \_\_\_ Degree \_\_\_\_\_  
Name of college/university attended \_\_\_\_\_  
Are you presently in School? \_\_\_\_\_ Where? \_\_\_\_\_

## GOD IS CALLING ME TO PREPARE FOR MINISTRY AS A:

\_\_\_ Lay Minister (Local Church License only)  
\_\_\_ Lay Special Worker (Area of Specialty for Special Worker \_\_\_\_\_)  
\_\_\_ Ordained Minister - Must be recommended by local church and DBMD  
\_\_\_ Transferring Ordained Minister (Already Ordained Ministers coming into The Wesleyan Church) must submit transferring ministers form to the General Superintendents office at HQ and be recommended by your district superintendent.

**PLEASE SUBMIT:**  
**\$20.00 (U.S.) ENROLLMENT FEE WITH THIS APPLICATION**  
TRANSCRIPTS OF YOUR COLLEGE/SEMINARY WORK FOR EVALUATION  
OR  
DOCUMENTATION OF HIGH SCHOOL GRADUATION OR GED COMPLETION

## RELEASE PERMISSION

I hereby grant permission to The Wesleyan Church Department of Education and the Ministry to release any records of my work or personal information for the purpose of informing the General Church, its district leaders, or its boards concerning my progress in and completion of the course requirements and other data as needed.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_  
Payment source: \_\_\_ Check \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover  
Card number \_\_\_\_\_ 3-digit security code \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_

**DEPARTMENT OF EDUCATION AND THE MINISTRY - THE WESLEYAN CHURCH**  
Post Office Box 50434, Indianapolis, Indiana 46250-0434  
PHONE (317) 774-3912 FAX (317)774-3915 E-MAIL: education@wesleyan.ORG  
WEB SITE: WWW.WESLEYAN.ORG/EM