




PO Box 511424 Punta Gorda, FL 33951 

[www.gwfsc.com](http://www.gwfsc.com) 

[info@gwfsc.com](mailto:info@gwfsc.com) 

(732) 644-2691 

## Enrollment Application

**Registration Fee: \$50.00** (Please submit with enrollment application. Non-Refundable)

**Late Registration Fee: \$75.00** (All registrations submitted after the first day of class)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Last**

**First**

**Middle**

**Address:** \_\_\_\_\_

**Street**

**City**

**State**

**Zip**

**Phone:** \_\_\_\_\_

**Home**

**Cell**

**E-mail:** \_\_\_\_\_

**Gender: Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_


**Marital Status:** \_\_\_\_\_



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**Academic Information**

Please list in Chronological order the high school, colleges and professional schools you have attended. If you plan to matriculate into the *Degree Program* your *Official Transcripts* are required.

School Name	Address	Date Attended	Major	Degree/Certificate

GED \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Church Information**

Name or Church Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Pastor's Name: \_\_\_\_\_

Are you a licensed or Ordained Minister? \_\_\_\_\_

If Yes, through which Organization: \_\_\_\_\_

Year Licensed/Ordained \_\_\_\_\_



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### **Autobiographical Information**

Please answer the following questions as completely as possible. You may use an additional sheet of paper if necessary.

**Describe how you became a Christian and what it means to you?**

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**Why have you chosen this field of ministry?**

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**How will you use this training in your ministry/life?**

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**Are you considering the Degree program? If Yes, Which Degree?** \_\_\_\_\_

I certify that my answers on the application are complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of my admission and or registration. I will honorably adhere to all the standards of this Gods Word First School of Christian Counseling.

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_