



Application for Admission

2990 Street Road— Bensalem, PA 19020
Tel:215.639.7000— Fax:215.638.4811
www.philamc.org

Please type or print

Personal Information

Name: _____

Address : _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widowed

(Spouse must submit a separate application if both are applying)

Educational Background

High School _____ Did you Graduate? ___Y ___N

GPA _____

College _____ Dates Attended _____

Course of study _____

Do you have Learning Disabilities? ___Y ___N

If so describe _____

Family
History

Name of Father/
Guardian: _____
Same Address?: Y N (if no, please provide)
Address: _____
City: _____ State: _____ Zip: _____
Accepted Christ? Y N Occupation: _____

Health
History

Name of Mother/
Guardian: _____
Same Address?: Y N (if no, please provide)
Address: _____
City: _____ State: _____ Zip: _____
Accepted Christ? Y N Occupation: _____

General Health: Excellent Good Fair Poor
List any allergies: _____

List any medications: _____

Physical limitations _____

Have you ever used illegal drugs? Y N

Date of last use: _____

Do you smoke? Y N

Do you drink alcohol? Y N Date of last use: _____

Financial How do you plan to pay for your tuition?

Background _____

List any debts., loans or payments that you have presently owe including the amount due for each:

Will you have the required amount before enrollment? ____ Y ____ N
If no, please explain?

Will your debts be paid off by the start of Master's Commission?
____Y ____N

If not how will you make the payments?

Please answer the following questions:

(all are required for admission):

Do you have a car? ____ Y ____ N

Do you have car insurance? ____ Y ____ N

Do you have health insurance? ____ Y ____ N

Employment Are you currently employed? ____ Y ____ N

Information Employer: _____

Position: _____ Date of Hire: ____/____/____

Phone _____

Past Employer _____

Position _____

Date Hire ____/____/____ Phone _____

References

List two references:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Senior Pastorate: _____ Youth Ministry: _____

Children's Ministry: _____ Music Ministry: _____ Drama: _____

Missions: _____ Other: _____

Home church: _____

Area(s) of Interest

Denomination _____

Address: _____

City: _____ State: _____ Zip: _____

Spiritual Background

Phone: _____ Senior Pastor: _____

Youth Pastor _____

How Long have you attended _____

Have you attended any other churches? ___Y ___N

Where? _____

How many times a week do you attend church? _____

Have you ever been water baptized? ___Y ___N

Have you had a Acts 2:4 experience? ___Y ___N

What areas of involvement do you participate in?

Are you still actively involved in those ministries? ___Y ___N

Please answer the following questions:

After nine months in Master's Commission, what would need to happen for you to consider the time a success

What is your definition of servant hood?

What do you plan to do after Master's Commission?

What is your Idea of Ministry?

What are the last three books you've read?

What are the last movies you've seen?

How did you hear about Greater Philadelphia Master's Commission?

What are some necessary qualities you must have to be a spiritual leader?

Are you able to make a nine month commitment? ___Y ___N

How do your parents feel about you attending Master's Commission?

What are your Hobbies or Interest?

Do you play any instruments? ___Y ___N

Do you speak any other language? How fluent? _____

When submitting your application, please include the following: 1) Your testimony (typed, minimum 200 words); 2) A recent photograph; and 3) \$50.00 ap-

When submitting your application, please include the following: 1) A recent photograph; and 2) \$50.00 application fee (to be credited towards tuition)

Please read and sign: I have completed this application truthfully and to the best of my ability. I have read the handbook and will abide by the standards. I allow Greater Philadelphia Master's Commission to contact references listed above.

Signature: _____ Date: _____

Mail to:

Greater Philadelphia Master's Commission
2990 Street Road
Bensalem, PA 19020
www.philamc.org
215.639.7000

