

MEL FLOYD SCHOOL OF EVANGELISM

Please complete ALL QUESTIONS on both sides of the application

- Student Application -

PERSONAL INFORMATION

(All information will be kept strictly *confidential*)—PLEASE PRINT

Rev./Pastor

Mr. / Mrs. / Ms.

Name : _____
(Last) (First) (Middle)

Address : _____ (Apt.) # _____

(City) (State) (Zip Code)

Phone : () _____ () _____
(Home) (Work)

e-mail : _____

Date of Birth : _____ Age: _____

Occupation : _____

CHRISTIAN EXPERIENCE

How do you know you are saved? (Please do not list different Bible verses and references. Please write out answer to question.)

Why do you want to be trained in the art and skill of evangelism? _____

CHURCH MEMBERSHIP

Church Name: or () unchurched at this time

Address: _____

Phone : () _____ (Home) () _____ (Work)

Pastor : _____

REFERENCES (List Two)

1 Name : _____

Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Phone : () _____

2 Name : _____

Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Phone : () _____

Are you presently a student? _____

Where? _____

- Are you interested in being a () Part-time missionary
() Full-time missionary
() Witness to bring others to Christ

How did you hear about this course? () 103.9 FM () Other _____
() Friend
() Former student/graduate of Mel Floyd School

Name of person who referred you _____

Additional Information or Comments: _____

*Please make your \$45.00 cash or money order registration donation to:
"MEL FLOYD SCHOOL OF EVANGELISM "*