RUACH SCHOOL OF THEOLOGY
ENROLLMENT APPLICATION

APPLICANT INFORMATION

Semester Applying For: _____ FALL _____ SPRING 20_____ Enrollment Fee Paid: $_____

Degree You are Seeking: ____Diploma in Biblical Studies _____Doctor of Theology
____Associate of Theology _____ Bachelor/Master of Theology
____Bachelor of Theology _____ Master/Doctor of Theology
____Master of Theology _____ None ____I don't know at this time
Certification: ____Certificate of Christian Counseling

Name: **(Please Print)**		
Date of birth:	Last Four Numbers of SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Gender: _____ Male _____ Female	Marital Status: _____ Married _____Single _____ Widowed _____Divorced	
Email Address:		

EMPLOYMENT INFORMATION

Current employer:	
Position:	How long?

EMERGENCY CONTACT

Name of emergency contact:	
Address:	Phone:
City:	State:	ZIP Code:
Relationship:	

SPOUSE INFORMATION

Name:	Phone:

CHURCH AFFILIATION

Name of Church:	
Pastor's Name:	Denomination:

EDUCATIONAL INFORMATION

Name of School	Date or Year Graduation	Diploma, GED or Degree Earned

OTHER INFORMATION

Are you a Pastor? _____ Yes _____No If yes, how many years: _____	Are you a Minister? _____ Yes _____No If yes, what area of ministry: _____
Have you ever served in the Military? _____ Yes _____ No If yes, Branch of Service: _____	Have you ever been on foreign mission? _____ Yes _____ No Where? _____ _____

SIGNATURE

I acknowledge that the information provided on this admission application is true and correct to the best of my ability.

Signature of applicant:	Date:

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In order to complete the application process, the following documents are required.

1. High School Transcript or GED Certificate
2. Transcripts from Colleges & Universities, etc.
3. Recent Photograph
4. Essay: Why do you desire to enroll in the Ruach School of Theology at this season in your life? What are your expectations from this Christian education experience? Attach additional sheets if needed.

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