

## Application for Admission

573-793-2628 / www.midwestct.com

Last Name	First Name		Middle or Maiden Name
DOB:/	Hm. Ph Cell Ph		
Sex: ☐ Male ☐ Female	Marital Status	: □Single □Married □	]Divorced
Name of Spouse:			
Mailing Address:			
City:	State:		_ Zip:
Email Address:			
BACKGROUND INFOR			
Present Occupation:	How long?		
Name of church hosting sch	ool:		
Host Pastor's Name: EDUCATIONAL INFOR		Pastor's ph	
			/
Name of High School	J	County	Zip
Date of Graduation/_ If you did not graduate, have		E.D □ yes □ no Wh	en?/
Degree Appling f	or;		
☐ ASSOCIATE \$80.00 EA Administration fee of;	` '		` '
Specialized Degree	(Double Majo	or);	
Associate or Bachel	or   Business ac	dministration ; $\Box$ Cl	nristian Leadership ;
☐ Evangelism; ☐ Mission \$50.00 curriculum fee with		inistry; □Youth M	Einistry;
I have read the Statement of stand in accordance to the W		est College of Theolog	and agree to follow its doctrina
			/ /