

Application for Admission – Full time students

Personal Information

Full Name

First*

Middle

Last*

Suffix

Address

Street address*

City*

State/Province*

Zip*

Phone number *

Email address *

Proposed Enrollment Date*

January or August

Year

Please provide a recent photo of yourself and your family. *

Date of Birth*

Place of Birth*

Country of Citizenship*

Are you in the country legally? *

Is English your primary language? * If no, what is your primary language?

Marital Status*

- Single (never married)
- Married
- Divorced
- Widowed

If you have ever been divorced, please explain the situation in sufficient detail.

If married: *

[https://d.docs.live.net/9758c6fa96bfc131/FSOP/Forms_Guidelines/Admission Application - FT .docx](https://d.docs.live.net/9758c6fa96bfc131/FSOP/Forms_Guidelines/Admission_Application_-_FT_.docx)

Spouse's name

Spouse's date of birth

Has your spouse previously been married? If so, please explain how that marriage ended and if divorce, please explain the cause.

How does your spouse feel about you attending school?

Please list the names and ages of your children and any other dependents. *

Religious Service

Current congregation

Name*

Address*

Phone number*

Preacher's name* and phone number*

How long have you been with this congregation? *

How long have you been a member of the church of Christ?

Please list activities you have been engaged in where you worship. (song leading, public prayer, one on one Bible studies, preaching, teaching, etc.) *

Lifestyle/Health

Have you ever used tobacco, alcohol or drugs? *

Do you currently use tobacco products or vape? *

Do you currently drink alcohol? *

Do you currently use drugs for other than medical reasons? *

Please list any history or health problems (physical or emotional) and medications you take as treatment.*

Do you have any physical handicap that might challenge you as a student? If yes, please explain. *

Have you ever been diagnosed with a learning disability or challenge? If yes, please explain. *

Have you ever been convicted of any violation of the law (minor traffic violations excepted)? *

Education

Secondary Education*

- High school
- GED
- Other

Year of Graduation or Completion of GED*

List high schools and colleges you have attended as well as the years you attended. *

List any college degrees earned. *

Have you ever been dismissed by a school of preaching, college, or university? *

Current occupation and for how long? *

Previous occupation and for how long? *

Have you ever served in the military? *

Finances

Do you understand that you will not be allowed to be employed during your two-year study at the Florida School of Preaching? *

What means of support will you have while attending school? *

Will you need to raise additional support during your time at FSOP? *

References

Please provide three references from your current congregation. At least one of these should be a preacher or elder.

First name, last name*

- Elder
- Preacher
- Active Member

Address*

Phone number*

Email*

Admissions

Please explain why you want to attend the Florida School of Preaching. *

Conduct Agreement: *

- I will comply with the rules of behavior given by the instructors and the director of the school.
- I will maintain the highest moral, spiritual, and academic standards.
- I will do my best to complete all school work assigned.
- I will, to the best of my ability, participate in all activities of FSOP.

By entering your name here, you agree that your application has been faithfully completed. *