

St Michaels Christian University 6124 NW 19th Court - Margate, FL 33063 Tel: (800) 420-3698 - Email: info@stmichaelscu.org

Ministry Life Experience Evaluation

Personal Information

NAME:	
ADDRESS:	
CITY:	STATE:ZIP:
TELEPHONE:	WORK:
HIGH SCHOOL GRADUATE: (circle) YE	ES NO IF NO, GED? YESNO
SCHO	OLASTIC INFORMATION
COLLEGES ATTENDED:	
COLLEGE DEGREE: YES NO	IF YES, WHAT DEGREE
CERTIFICATES, DIPLOMAS, EARNEI	D AND WHERE?
MINIS	STERIAL INFORMATION
ARE YOU: (Check) A LICENSED MI	NISTER AN ORDAINED MINISTER
IF SO, WITH WHOM?	
WHAT IS YOUR MINISTRY GOAL?	
ON THE FORM PROVIDED, WRITE O	UT YOUR MINISTERIAL - SECULAR RESUME.
School Site – City:	State:Zip:
Administrator:	Date:

ADDITIONAL INFORMATION