



"Devoted to Your Growth"

## SCHOLARSHIP APPLICATION FOR: CONTINUING EDUCATION FOR MINISTERS

Please complete and mail to:

ATTN: A.R.M.I. Administrative Office

800 Gospel Truth Way, Woodland Park, CO 80866

Telephone: (719) 358-4491

E-mail: [ceminfo@awmi.net](mailto:ceminfo@awmi.net)

**FOR OFFICIAL USE ONLY**

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

Student ID # \_\_\_\_\_

**Place  
Photo  
Here  
2" x 2"**

**General:**

Your Name: \_\_\_\_\_  
Last Name First Name MI Maiden Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell/Work Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Personal:**

Gender:  Male  Female Marital Status:  Single  Married  Separated  Divorced  Widowed/Widowed

Date of birth: (mm)\_\_\_\_/(dd)\_\_\_\_/(yy)\_\_\_\_\_

Are you a US citizen?  Yes  No If no, country of citizenship? \_\_\_\_\_

If no, what type of visa have you obtained to live in the United States? \_\_\_\_\_

Have you previously attended CBC or extension school?  Yes  No If yes, when and where? \_\_\_\_\_

Are you a veteran?  Yes  No Branch of Service \_\_\_\_\_

Have you ever been convicted of a criminal offence (misdemeanor or felony)?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

**Ministry Experience and Interests:**

Ministry experience:  Full-time  Volunteer  Part-time Number of Years: \_\_\_\_\_

Position: \_\_\_\_\_

Describe ministry experience: \_\_\_\_\_

Have you been involved in Praise and Worship ministry?  Yes  No In what way? \_\_\_\_\_

**Employment Experience:**

Present employer: \_\_\_\_\_ Past employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_ Address of employer: \_\_\_\_\_  
Dates (from/to): \_\_\_\_\_ Dates (from/to): \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Family:**

**Spouse:**

If married, name of spouse: \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Parents: (please complete this section if under 18 years of age)**

Name of father/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of mother/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Education History:**

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Did you graduate?  Yes  No  
College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Course of study/degree conferred: \_\_\_\_\_  
Bible College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Course of study/degree conferred: \_\_\_\_\_  
Other: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Course of study/degree conferred: \_\_\_\_\_

**Spiritual:**

When did you accept Christ as your personal Savior? \_\_\_\_\_  
Have you been baptized in the Holy Ghost?  Yes  No Do you speak in tongues?  Yes  No

**Affirmations:**

- I have carefully read the "Doctrinal Statement," and I affirm my belief in each of the articles.
- I understand that Charis Bible College is a non-accredited institution of higher learning.

*I certify, to the best of my knowledge, that all of the answers and statements on this application are true, and give an accurate and adequate account of my background and beliefs.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





