Spouse's First Name	Last Name			
Emergency Contact:				
Name	Relationship			
CHRIST	TIAN DATA ( for information on	nly)		
Date of Conversion	Denomination:			
Church Name :				
Your Position in the Church: [ ] Pas	stor [ ] Associate [ ] Bible	teacher [ ] La	ny member	
If one applies besides a Lay member	, are you [ ] Full Time [ ] P	art Time [] V	Volunteer	
Are you [ ] Licensed or [ ] Ordaine	ed? If so, give the date		ii. Directoria	
	EDUCATIONAL DATA			
[ ] High School Graduate with Diplo	oma			
[ ] GED				
City and State of Graduation/GED:	City	State	Zip	
List all schools/Colleges/ Universitie	es attended since High School	with earned H	ours and Degrees.	
1.				
2				
3				
Do you have a Degree in: [] Associ	ates [ ] Bachelor [ ] Master	s. Date:	•	
Please send a copy of your transcript transcript to Freedom Christian Univ				
Please provide the following person	al information:			
	<b>Employment Data</b>			
Company/Organization	Job Tit	Job Title:		
Job Description:				
Address:	City		State	