

T.D. Iglehart Institute of Ministry Training  
Texas Southwest Ecclesiastical Jurisdiction

Bishop S.E. Iglehart – Jurisdictional Prelate  
Mother Annie Cooper – Supervisor of Women  
Supt. Robert Ellis – Dean of Education

### APPLICATION FORM

**Enrollment Date:** \_\_\_\_\_ **Program of Enrollment** \_\_\_\_\_

**Personal Information:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Special Needs/Areas for Consideration** \_\_\_\_\_

#### Church Information:

**Local Church Name:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

(Pastor's Reference must be included with application)

#### Statement of Intent

If accepted, I will uphold the standards of holiness with regard to spiritual discipline and excellence through morals, modest dress apparel, regular class attendance, and Christian conduct. I will abide by the Institutes' rules in regard to course structure and financial obligations.

This application is valid for an approximate two-year study program which commences upon the date of enrollment. The completion of this application is preliminary to acceptance and does not guarantee acceptance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Pastor's Reference

(This section for applicant)

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

*Waiver: I hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I trust the observations made shall remain confidential between the Pastor and the T.D. Iglehart Institute of Ministry Training.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The person named above has applied for enrollment to the T.D. Iglehart Institute of Ministry Training. Each applicant must submit a recommendation from their pastor. Serious consideration is given to this reference therefore, we request that you complete this form and return in directly to the Admissions.

***WE CANNOT PROCESS THIS APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVED THIS FORM --- CONFIDENTIAL***

Is the applicant an active member of your church?  Yes  No

Please comment briefly on the following:

Home Life \_\_\_\_\_

Relationships \_\_\_\_\_

Business/work ethics \_\_\_\_\_

Areas of strength \_\_\_\_\_

General disposition \_\_\_\_\_

Self-image \_\_\_\_\_

Teachable \_\_\_\_\_

Do you consider applicant to have balanced doctrinal convictions?  Yes  No

Is applicant living a consistent Christian life?  Yes  No

Would you recommend that we accept this applicant?

Definitely  Unsure  Not at this time

Check here if you would like to talk with us personally regarding this applicant.

Name (please print) \_\_\_\_\_

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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