



PRACTICAL MINISTRY INTERNSHIP

APPLICATION FORM

(Please complete and sign the application)

Internship Duration: 01 February '24 until 30 November '24

GENERAL INFORMATION

First Name: _____

Last Name: _____

Birth Date: _____

Gender: _____

Marital Status: _____

Email: _____

Cell Phone: _____

Address: _____

City: _____

State: _____

Country: _____

Home Language: _____

Current Occupation:

- Student
- Scholar
- Employed

How did you hear about this internship?

- Internet
- Word of mouth
- Other (specify)

CHURCH LIFE

Name of Church: _____

Senior pastor: _____

Email address of the church: _____

How long have you attended this church?: _____

Are you serving in your church?: _____

What area of ministry/serving do you enjoy the most?: _____

SPIRITUAL LIFE

How and when did you get born again?: _____

Are you baptized in water?: _____

Do you pray in tongues?: _____

REFERENCES

Please attach one recommendation letter written by your pastor or spiritual leader.

Contact details of two leaders:

Name: _____

Contact number: _____

Email address: _____

Name: _____

Contact number: _____

Email address: _____

LANGUAGE PROFICIENCY

English – Read Write Speak

EDUCATION

Did you finish High School?: _____

What year?: _____

Please list the highest qualification which you have completed after High School.

Institution: _____

Years attended: _____

Degree/Diploma/Certificate obtained: _____

Year completed: _____

COST

Do you have sufficient finances to support you for the duration of the programme? Yes No

If not, how do you plan to pay your fees? _____

Name: _____

Date: _____ **Signature:** _____