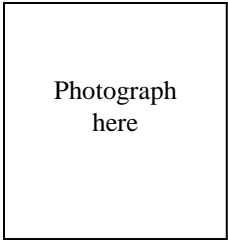




UNITED PENTECOSTAL CHURCH OF JAMAICA
NATIONAL MINISTERIAL TRAINING
AND DEVELOPMENT PROGRAMME
 45 EASTWOOD PARK ROAD, KINGSTON 10



PATHWAY ONE

(For prospective applicant for ministerial licensing)

APPLICATION FOR ADMISSION

(Please type or print in BLOCK CAPITAL)

A. GENERAL INFORMATION

1. NAME

Last _____ First _____ Middle _____ Maiden _____

2. ADDRESS

Email Address _____

3. TELEPHONE (Home) _____ (Other) _____

4. Date of Birth _____ **5. Place of Birth** _____ **6. Citizenship** _____

5. Sex: Male [] Female []

B. MARITAL INFORMATION

1. Single [] **Married** [] **Widow/Widower** []

Separated [] **Divorced** [] **Re-married** []

2. If married, give name of spouse _____

3. Name (s) and age (s) of child/children (if any)

| Name | Age | Name | Age |
|-------------|------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

4. Next of Kin _____ **Relation** _____

Address _____

Contact No(s). _____ / _____

E. PERSONAL INFORMATION

1. Name of church you currently attend _____
2. Address of church _____
3. How long have you attend this church _____
4. Are you a minister? _____
4. Name of your Pastor _____
5. Do you attend church regularly? _____
8. Do you **tithe** faithfully? _____
6. Do you give to Missions faithfully? _____
7. Are you willing to obey the rules and maintain the standards of conduct in accordance with aims and objectives of this programme? _____
8. List the areas of ministry activities in which you are involved in your local assembly.

12. Have you received a call to the Ministry? (*Answer in full sentence*) _____

F. Statement of Intent

I hereby make application to the United Pentecostal Church of Jamaica (UPCJ), National Ministerial Training and Development Programme (NMTDP). I have indicated to the pastor/leader of the assembly I attend, that I will be enrolling in this programme.

While enrolled in this programme, I agree to abide by the regulations set forth by the Programme.

I certify that this application is accurate and complete to the best of my knowledge. I understand that withholding information requested in this application or giving false information may render me ineligible for admission to the institute.

Signature _____

Date _____

G. PASTOR'S ENDORSEMENT (Where applicable)

As pastor of the above applicant:

1. I recommend his/her acceptance as a candidate, ()
CALL OF GOD to the ministry.
2. I request that his/her application be considered. ()

PASTOR'S COMMENT

Signature (Pastor) _____ Date _____

H. APPLICANT’S PERSONAL RELATIONSHIP WITH JESUS CHRIST

Describe your relationship with Jesus Christ in the spaces provided. Relate your personal Experience of conversion and your spiritual growth since conversion. Have you received a Call to the Ministry?

FOR UPCJ/CBI OFFICE USE ONLY

Date application received _____

Registration Fee Paid

Photograph received

Accepted

Not Accepted

Date of Admission _____

ID Number: _____

FEES

Registration Fee paid

Programme Fee: Amount Paid \$ _____

Method of Payment: Cash/Cheque

Lodgement at Bank

Date: _____

Balance (if any) \$ _____

Sponsored Student Church: _____

Group/Organization: _____