

APOSTLE FREDERICK PRICE MINISTRY TRAINING INSTITUTE

7901 SOUTH VERMONT AVENUE
LOS ANGELES, CA 90044
(323) 758-3777 EXT. 4660
WWW.AFPMTI.NET

APPLICATION

<p>Instructions For Completing the Application are as Follows:</p> <ol style="list-style-type: none"> 1. Enclose a \$25.00 Non-Refundable Application Fee 2. Enclose the required \$100 Registration Fee 3. Enclose the \$10 Education Plan Fee (For those transferring units) 4. Answer all questions thoroughly and write "DNA" for questions that do not apply 5. All reference forms must be completed and returned to the Admissions Office 6. Please print clearly and use black or blue ink only 	<p style="text-align: center;"><u><i>For office use ONLY</i></u></p> <p>App. Fee Rcvd: Y N Reg. Fee Rcvd: Y N Approved: Y N Approved by: _____</p>
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Last Name	First	Middle
Current Address	City	State
Mailing Address	City	State
Email address	Home Phone #	Cell Phone #
Work Phone #	DOB (m/d/y)	Age
		Gender M F (Please Circle)
		U.S. Citizen Y N

DEPENDENT INFORMATION		
NAME	AGE	DOB

STATEMENT OF FAITH
<ul style="list-style-type: none"> Jesus Christ is true God and true man The Holy Spirit is a divine person All scripture is given by inspiration of God All have sinned and come short of the glory of God and are in need of salvation Salvation has been provided through Jesus Christ for all men It is the will of God that every Believer be filled with the Holy Spirit Healing is provided in the redemptive work of Christ and is available to every Believer The Church consists of all those who have received Jesus Christ as their personal Savior There shall be a bodily resurrection of the just and of the unjust In the personal, visible, imminent return of Jesus Christ In water baptism, and observance of the Lord's Supper

EDUCATIONAL AND OCCUPATIONAL HISTORY

(If necessary, please continue on a separate sheet of paper.)

EDUCATION (Please circle highest level attended)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2

College 1 2 3 4 Bachelors Masters Doctorate Other _____

List all educational institutions attended, including high school.

NAME OF SCHOOL	DATES	MAJOR/DIPLOMA/DEGREE

List work experience starting with your current employer.

NAME OF EMPLOYER	DUTIES PERFORMED	DATES

List any special occupational or professional skills you are trained in: _____

FINANCIAL INFORMATION

Please identify how you plan to pay your school tuition: (i.e. Own employment, Spouse employment, Savings, Parents.....etc) _____

Please explain your current financial situation: _____

AFPMTI offers an Associate of Arts Degree in Biblical Studies. The two year program requires the completion of 84 units to graduate. The cost for tuition is \$40/unit with a total program cost of \$3,360. Students are billed each trimester according to the total number of units associated with the classes offered. Classes range from 1 to 3 units. Applicants who wish to transfer units from other educational institutions must submit an official transcript along with the \$10 fee to have an Educational Plan developed.

****See the class schedule for the list of current classes and cost of tuition for the trimester ****

Available discounts:

Family Discount 20%: Applies when 2 or more family members in the same household attend concurrently

CCC Employee Discount 20%: Applies to full-time Crenshaw Christian Center employees

Alumni Discount 25%: Applies to graduates of CCC ministry schools or those who have completed a minimum of 24 units and were separated from school a minimum of one year. (Alumni status cannot be applied to students currently enrolled and attending for the first time.)

***Only one discount may be applied to an account**

CHURCH AFFILIATION & REFERENCES

Church Background – Identify the denomination in which you were raised.

Denomination: _____

List the name of the Church that you currently attend or you are a member of:

Church Name: _____ Pastor's Name: _____

Church Address: _____
(Street) (City) (State) (Zip Code)

Give the names, addresses and phone numbers of the **SAME** two people to whom your reference forms were given.

PERSONAL FRIEND REFERENCE

Name			
Address	City	State	Zip Code
Phone #	E-mail		

MINISTER REFERENCE

Name			
Address	City	State	Zip Code
Phone #	E-mail		

YOUR MINISTRY

Date you were born again: Month _____ Day _____ Year _____

Please explain your personal Salvation experience: _____

Please state briefly why you want to attend the Apostle Frederick Price Ministry Training Institute:

Are you (please circle) **Licensed** or **Ordained**? If so, state denomination/organization: _____

Have you ever had your license or ordination papers revoked? **Y** **N**

Identify the area(s) of ministry to which you feel God has called you.

Are you currently serving in your church? **Y** **N** If so, state which area(s) you are involved in: _____

Please explain why you believe you are called/gifted in the above mentioned areas of Ministry:

EMERGENCY INFORMATION/MEDICAL CONSENT

Emergency Information – Please provide nearest relative or person to be contacted in case of an emergency:

Name _____ Relationship _____ Phone # _____

I hereby grant permission to AFPMTI to render to me any **emergency medical treatment** deemed necessary and I **release** AFPMTI and their representatives from all liability in the case of an emergency.

We reserve the right to refuse entrance to anyone and any illegal, illicit or insubordinate behavior will constitute grounds for immediate dismissal. Please sign and date below:

Student Signature _____ **Today's Date** _____