

# ENROLLMENT APPLICATION FORM

(FOR ADMISSION INTO THE NORTHERN MICHIGAN DISTRICT STUDIES PROGRAM)

(Please type or print clearly)

Full Name *(FML)* \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Local church of which you are a member \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status:  Married  Single  Divorced

Number of children \_\_\_\_\_ Ages \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is your current status or future goal full-time ministry?  Yes  No

Intended Course of Study:  Elder  Deacon  Lay Ministry

If Deacon, which area of ministry:

- Christian Education  Compassionate Ministry  Music Ministry  
 Administration  Youth Ministry  Chaplain

Intended Principle Mode of Preparation for Ministry:

- College/University  Seminary  Bible College  Directed Study

Education Status

	<i>Name</i>	<i>Degree</i>	<i>Year Graduated</i>
High School:	_____	_____	_____
College(s):	_____	_____	_____
	_____	_____	_____
Seminary:	_____	_____	_____
Other:	_____	_____	_____

*(Please send a copy of transcripts from all colleges and seminaries attended.)*

If you are applying to be enrolled in the Directed Course of Study and plan to go into full-time Christian ministry, do you plan to enroll in a Christian college/university to prepare for ministry? If no, please explain why not.

Have you enclosed your current Local Minister's License?     Yes     No

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

Please return this application, the application fee (\$25), a recent photograph, all college/university/ seminary transcripts (transcripts from other districts), a copy of your local minister's license, and have your pastor return the Pastor's Recommendation Form to:

Rev. Dan Gilmore, Secretary  
NMD District Ministerial Studies Board (DMSB)  
12115 Waller Road  
Charlevoix, MI 49601  
Office: (231) 547-5711; Cell: (231) 675-7787  
[dangilmore@charter.net](mailto:dangilmore@charter.net)

---

**Official use only:**

- Received Application
- Received Fee
- Received Photograph
- Received Copy of Local Minister's License
- Received Pastor's Recommendation Form
- Received Transcripts

Date of Review: \_\_\_\_\_

Reasons for denial of enrollment (if applicable): \_\_\_\_\_

Signatures: District Superintendent \_\_\_\_\_

MSB Chairman \_\_\_\_\_

MSB Secretary \_\_\_\_\_