



Master's Bible School

Training Application

By submitting this form, you agree that you will partner with us teaching overseas within 3 years of receiving training.

Personal Information:

First Name:	Last Name:	Date of Birth:	Sex: Male	Female
Address:	Reason for Applying:			
City:	State:	Zip:	Testimony:	
Email Address:				
Phone #:				
Comments or Questions:				

Church Information and Pastoral Reference:

Church Name: Denomination: Church Phone #:

The Pastor of your church, a church elder, or someone to whom you are accountable must fill out the portion of the form below.

Pastor	Church Elder	Person to whom you are accountable
<u>To the best of your knowledge, does the member listed above:</u>		
Yes	No	
Belong to your fellowship		
Attend services regularly		
Have your endorsement as a sincere Christian		

Additional Comments:

Print Form

Master's Bible School
P.O. Box 121
Camas Valley, OR 97416
(541)670-7959
www.mastersbibleschool.org
contact@mastersbibleschool.org