

APPLICATION FORM

MULTIPLICATION CENTER NEW ENGLAND



TELL US ABOUT YOURSELF

Full Name:

Full Address:

City / State: Zip Code:

E-Mail:

Phone:

Date Of Birth:

Tell us about your family... marital status/name of spouse / # of children:

Give us your brief testimony of faith (no more than 250 words)

TELL US ABOUT YOUR PAST EDUCATION

High School/Location/Date of Graduation:

College / Location / Concentration(s) / Degree(s) / Date(s) of Graduation:

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TELL US ABOUT YOUR CHURCH AND MINISTRY

Name of your church:

Address/Location of your church:

How long have you been an active member of your church?

What are your spiritual gifts and how do you use those in the ministry of your church?

RECOMMENDATIONS : Supply two recommendations who can verify your fit for this program

Recommendation #1: Full Name:

Address:

City / State: Zip Code:

E-Mail: Phone:

Ministry Role:

How Long Have You Known this person?

Recommendation #2: Full Name:

Address:

City / State: Zip Code:

E-Mail: Phone:

Ministry Role:

How Long Have You Known this person?

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EXPECTATIONS

Please take a moment to review the expectations of being a student at the Multiplication Center. Check each box, signing off on your understanding of the commitment.

- I understand that I can miss 2 in person classes during the year, but know that I have to keep with all of the assignments.
- I understand that I will meet twice a month with my mentor and complete the mentor tracking form
- I understand that I am responsible for the tuition costs and other associated fees.