



DIPLOMA/CERTIFICATE BIBLE INSTITUTE PROGRAM

2011-2012 APPLICATION FOR ADMISSION

PERSONAL DATA

1. Name _____ SSN # _____ - _____ - _____
Last First MI

Mailing Address 1 _____
Number/Street

Mailing Address 2 _____
City/Town State Zip

Telephone (_____) _____ - _____ E-mail Address _____

ADMISSION INFORMATION

2. PROGRAM OF STUDY

Short-Term Theological Certificate 19 semester hours
 Advanced Certificate of Theology 33 semester hours
 Diploma of Theological Studies 66 semester hours

3. AREA OF CONCENTRATION (SHORT TERM CERTIFICATE)

Christian Worker _____ General Theology _____ Biblical Studies _____

EDUCATIONAL INFORMATION

4. List in chronological order any high school, post-secondary school, college or university previously attended.

School Name Address From ___/___ to ___/___ Diploma _____

School Name Address From ___/___ to ___/___ Degree _____

If you did not graduate from high school but completed the GED, please provide the date of completion. _____

APPLICATION POLICY

This application must be accompanied by an application fee of \$25.00 payable to the Westmoreland School of Ministry. Upon acceptance and registration of classes, students must agree to pay all tuition, fees and books as stipulated by the school.

OPTIONAL PERSONAL DATA

The information requested below is voluntary and is used for statistical purposes only. The information will not be used in evaluating your application for admission. ORU and WSM do not discriminate against applicants on grounds of race, color, sex, age, national origin, disability, or veteran status.

5. Are you a citizen? Yes _____ No _____ If not, what is your country of origin? _____

6. Ethnicity: Caucasian American _____ Hispanic _____ Asian or Pacific Islander _____ Black/African-American _____ Other _____

7. Birth Date ____/____/____ Age _____ Gender: Male _____ Female _____

8. Denomination/Church Affiliation/Local Church _____

REFERENCES

CLERGY REFERENCE

9. Name _____

Mailing Address _____
Number/Street City/Town State Zip

Telephone (____) ____-____ E-mail Address _____

I authorize the minister identified on this form to release requested information to the Westmoreland School of Ministry. I understand that this information is confidential and release the minister and WSM from all claims, liabilities and damages related to disclosure of the information consistent with the authorization.

PERSONAL/PROFESSIONAL REFERENCES

10. Name _____

Mailing Address _____
Number/Street City/Town State Zip

Telephone (____) ____-____ E-mail Address _____ Relationship _____

11. Name _____

Mailing Address _____
Number/Street City/Town State Zip

Telephone (____) ____-____ E-mail Address _____ Relationship _____

SIGNATURE

I understand this application will not be complete until I have submitted an application fee of \$25.00 to Westmoreland School of Ministry and that the information provided on this application will remain confidential.

SIGNATURE _____ **DATE** _____

214 Frye Farm Road
Greensburg, PA 15601
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website: www.wsmin.net