

		Арр	licant	Informa	ation			
Full Name:							Date:	
	Last	First				М.І.		
Address:								
	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:				Email				
Date Available:			Desired Payment Plan.:			Desired Payment Amount: <b>\$</b>		
Class Applying for:								
		YES	NO					
Have you at			lf yes, v	when?				
Do you have higher Bible degrees or classes?		YES	NO □					
If yes, explain:								
Calling								
Church	What is your Calling/ as much as you know							
Affiliation				abo	out it?			
Attended From:	То:	Pastor /	Aware c Calling		NO □			
How long have you known								
about your o	calling?	H	low Lon	ig Operat	ing in you	ir calling?		
References								
Who referre	ed you? How did you hea	r about WIMI	!?					
Full Name:						Relation	nship:	
Calling:						PI	hone:	
Address:								

Recommend	ations
Full Name:	Relationship:
Calling:	Phone:
Address:	
Full Name:	Relationship:
Calling:	Phone:
Address:	
Disc	laimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment in the WIMI institute, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:\_\_\_\_\_