



# GraceLife Theological Seminary

## Student Application

### Section 1. Personal Information

Last Name		First Name		M.I.
Mailing Address				
City		State	Postal Code	
Country		Best Contact Number		
Birthdate (MM/DD/YYYY)		Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian		
Social Security Number		Email Address		
Occupation		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what country?		
Church Background/Denomination		Church Presently Attending		
Person to Notify in Case of Emergency				
Relationship		Best Contact Number		

### Section 2: Ministry Experience

Current Ministry Status If Any <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Associate Pastor <input type="checkbox"/> Missionary <input type="checkbox"/> Evangelist <input type="checkbox"/> Itinerant Teacher <input type="checkbox"/> Children's Minister <input type="checkbox"/> Youth Minister <input type="checkbox"/> Music Minister <input type="checkbox"/> Lay Minister <input type="checkbox"/> Church/Ministry Administrator <input type="checkbox"/> Other (Please Specify)	
Are You Currently Licensed or Ordained? <input type="checkbox"/> Licensed <input type="checkbox"/> Ordained <input type="checkbox"/> N/A	Credentialing Organization
Past Ministry Involvements <input type="checkbox"/> Pastor <input type="checkbox"/> Evangelism <input type="checkbox"/> Teacher <input type="checkbox"/> Radio/TV <input type="checkbox"/> Other (Please Specify)	



# GraceLife Theological Seminary

## Section 3: Educational Background

High School Name:	From (MM/YYYY)	To (MM/YYYY)	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma or <input type="checkbox"/> G.E.D.
University or College Name:	From (MM/YYYY)	To (MM/YYYY)	Degree
University or College Name:	From (MM/YYYY)	To (MM/YYYY)	Degree

## Section 4: Personal Salvation Testimony

Please take a moment to share your salvation testimony

?



# Grace Life University

## Section 5: Educational and Ministry Goals

Please take a moment to share your educational and ministry goals



# GraceLife Theological Seminary

## Non-Discrimination Policy

GraceLife University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the University.

## Privacy Rights of Students

Statute 20, United States Code, §1232g and regulation adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (e.g., the IRS, FBI, or other government agencies, and for use in Grace Life University publications and promotions). Grace Life University has identified the following student data as "directory information:"

Name	Address
Telephone Listing	Race
Date & Place of Birth	Major Field of Study
Church Membership	Denominational Affiliation
Dates of Attendance	Degrees & Awards Received
Most Recent Previous Educational Institution Attended	

All other information such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the university as have responsibility for working with the student. Such information will not be released to second parties without the consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulation of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

Please read carefully the following affidavit before signing.

I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the university.

I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please make payment of \$75 for your application fee, payable to GraceLife University. Submit this completed application to [DrGray@gracelifeuniversity.org](mailto:DrGray@gracelifeuniversity.org)