CALVARY'S CROSS INSTITUTE

Tel: 954-934-7249
Email: calvaryscross17@yahoo.com

Honorary Doctoral Application
Application Fee $50

Name: _____
Last First M

Address: _____

Size: 5ft _____ other: _____ 6ft _____ other: _____

Phone: _____ (c) _____ (h)

Email: _____

Pastor's name: _____

Pastor's Phone number: _____

Church name: _____

Church address: _____

Church's Email: _____

Date of Application: _____ **D.O.B:** _____

Past Credit: What course (s) have you taken in the past? _____
_____

Ministerial Calling (check all that apply)

Pastor_____ Teacher _____ Apostle _____ Evangelist _____ Prophet_____

Ministerial Appointment (check all that apply)

Deacon _____ Deaconess _____ Missionary _____ Elder _____ other _____

Ministerial Gifts (check all that apply)

Singing _____ Dancing _____ Drama _____ Choral Speech _____ other _____

REFERENCE

Please provide two (2) references.

1. Name: _____
Last First M

Address: _____

Phone: _____ (c) _____ (h)

Email: _____

Church name: _____

Title: _____

Relationship to you: _____

2. Name: _____
Last First M

Address: _____

Phone: _____ (c) _____ (h)

Email: _____

Church name: _____

Title: _____

Relationship to you: _____