

# MEL FLOYD SCHOOL OF EVANGELISM

**Please complete ALL QUESTIONS on both sides of the application**

**- Student Application -**

## **PERSONAL INFORMATION**

**(All information will be kept strictly *confidential*) – PLEASE PRINT**

Minister/Evangelist  
Mr. / Mrs. / Ms.

Name : \_\_\_\_\_  
(Last) (First) (Middle)

Address : \_\_\_\_\_ (Apt. #) \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone : ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work)

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Occupation : \_\_\_\_\_

## **CHRISTIAN EXPERIENCE**

**How do you know you are saved? (Please do not list different Bible verses and references. Please write out answer to the question.)** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Why do you want to be trained in the art and skill of evangelism?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**CHURCH MEMBERSHIP**

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work)

Pastor : \_\_\_\_\_

**REFERENCES (List Two)**

1. Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Zip Code)

Phone : ( ) \_\_\_\_\_

2. Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Zip Code)

Phone : ( ) \_\_\_\_\_

Are you presently a student? \_\_\_\_\_

Where? \_\_\_\_\_

- Are you interested in being a  Part-time missionary  
 Full-time missionary  
 Witness to bring others to Christ

- How did you hear about this course?  1480AM WDAS  103.9 FM  
 Friend  Former student  
 Other Mel Floyd School

Name of person recommending you \_\_\_\_\_

**Additional Information or Comments** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please make your \$40.00 registration donation to:*  
**“MEL FLOYD SCHOOL OF EVANGELISM”**  
(cash or money order – we have had trouble with bounced checks)

