

MEL FLOYD SCHOOL OF EVANGELISM
- Student Application -

Please complete ALL QUESTIONS on the 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.) _____

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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 : () _____

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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?

103.9 FM Friend
 Graduate of the Mel Floyd School Flyer/Mailing
 Church Other

Name of person recommending you _____

Additional Information or Comments : _____

Please make your \$45.00 registration donation to:
“MEL FLOYD SCHOOL OF EVANGELISM ”
(cash or money order – we have had trouble with bounced checks)