



ZION MINISTERIAL INSTITUTE

Student Application for Correspondence Studies

1. Full Name: _____
Last Middle First
2. Mailing Address: _____
Street City Province Zip Code
3. E-mail Address: _____
4. Date of Birth: _____ Phone Number: _____
5. Marital Status (Please tick): Single ____ Married ____ Widowed ____ Remarried ____ Separated ____
6. When did you become a Christian? _____
7. How long have you been a faithful member of your church? _____
8. How long have you lived a victorious Christian life? _____
9. Have you ever backslid or stopped walking with the Lord since becoming a Christian? _____
If yes, please explain. _____
10. Have you been water baptized by immersion? _____ When? _____
11. Have you been baptized in the Holy Spirit? _____ When? _____
12. Have you used tobacco, beer or alcoholic drinks, or illegal drugs in the last 12 months? _____
If yes, please explain. _____

13. Do you tithe to your local church? _____
14. Give the name, address, and phone number of your pastor for a reference. _____

15. Please write down what you feel is the call of God on your life. _____

I hereby certify, in becoming a student of Zion Ministerial Institute, that I agree by the grace of God to not only study the word of God, but to also live a righteous Christian life and follow the truths of God that I learn.

Signed: _____ Date: _____