



AMERICAN BIBLE COLLEGES

MINISTRY LIFE EXPERIENCE EVALUATION

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Work: _____

SCHOLASTIC INFORMATION

High school graduate: Yes No if no, ged? Yes No

Colleges attended: _____

College degree: yes no if yes, what degree?: _____

Certificates, diplomas, earned and where? _____

MINISTERIAL INFORMATION

Are you: a licensed minister an ordained minister

If so, with whom?: _____

What is your ministry goal?: _____

****on Separate Sheets Of Paper, Write A Ministerial And A Secular Resume.****

STC DIRECTOR: _____ DATE: _____