Feed My Sheep School of Counseling Application

<u>Please type or print.</u> Submit application with \$100 application fee at least 30 days before the start of the semester in which you plan to enroll. Mail or email application to the address below.

Name:Street Address:			
City:			
Day Phone:Evening	Phone:Email Ad	:Email Address:	
Social Security Number:	Date of Birth:	Gender: MF	
Feed My Sheep School of Counseling does not n	nake enrollment decisions based on age, race,	, sex, or national origin.)	
Highest Earned Degree:			
Place and Date of High School Diplo	ma:	Date:	
Place and Date of College Credits Ea	rned:	Date:	
Place and Date of Graduate Credits E	Earned:	Date:	
Place and Date of Post-Graduate Wor	rk:	Date:	
Do you profess a relationship with Je	sus Christ? Are you a credo	entialed minister?	
Where did you receive your credentia	als?		
What church do you attend?			
Current Occupation:			
Marital Status: MarriedSingle_	Divorced Widowed	How long:	
Spouse's name:	How many children:		
Have you had any previous training in	n Christian counseling? Please ex	plain	
Have you had any training in persona			

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Please Answer Briefly:
Why do you want to become a Licensed Christian Counselor?
What formal/informal training in counseling have you had?
How do believe this program will benefit you?
Do you have any experience dealing with people in spiritual or emotional crisis?
What are your goals for counseling ministry?
How do you know that you are called into the counseling ministry?
What is your current involvement in ministry or in your church?
Have you ever been convicted of a felony? Please explain or attach explanation
Do you have any physical or emotional issues that should be considered?
How did you become aware of FEED MY SHEEP SCHOOL OF COUNSELING?
SignedDate