



# 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: \_\_\_\_\_