

THE GOSPEL *and the Preacher*

Spring 2020 Student Application

PERSONAL INFORMATION			
Name (First, MI, Last)			Gender: ___ M ___ F
Street Address			
City	State	ZIP	
Date of Birth	Home Phone		
Cell Phone	Work Phone		
E-mail Address			

EDUCATIONAL BACKGROUND (Check one)
_____ High School Diploma or Equivalent
_____ Vocational/Technical School
_____ Some College
_____ College attended (select one): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate
_____ Other: _____

COURSE SELECTION
_____ <i>Gospel and the Preacher - Track 1</i>
_____ <i>Gospel and the Preacher - Track 2 (Prerequisite: Must have completed GP 1 or 1.1)</i>
_____ <i>Gospel and the Preacher - Track 3 (Prerequisite: Must have completed GP 2 or 1.2)</i>

CLASS OPTION
_____ ONSITE: (Classes are on Saturdays from 9:00am to 12:00pm at Eagle Rock Church.)
_____ ONLINE: (Available for students who live outside the Columbus metro area.)
_____ SATELLITE: Only available to individuals participating in a group class.)

HOW DID YOU HEAR ABOUT GP?	
Check all that apply:	_____ ERC _____ Website _____ Facebook _____ Radio
	_____ Poster/Flyer (where?): _____
	_____ Referral (Please provide the name): _____
	_____ Other (Please describe): _____

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GP REGISTRATION INFORMATION

TUITION FEE: \$150.00 EACH COURSE FOR 12 WEEKS.

APPLICATION DEADLINE: March 7, 2020

APPLICATION PAYMENT DEADLINE: March 7, 2020

REGISTRATION AGREEMENT:

I understand that all tuition is nonrefundable and that my registration is not complete until payment has been made in full. *I have read the Student Guidelines and I agree to follow them during The Gospel and the Preacher course.*

Student Signature _____ Date _____

Please submit your completed application form and \$150.00 tuition payment to:

Eagle Rock Church
Attn: G&P Registration
6810 Blacklick-Eastern Rd.
Pickerington, OH 43147

If you have any questions, please call the church office at (614) 833-0515, ext. 2

Applicant's Name: _____

SPIRITUAL BACKGROUND

Are you born again? ___ YES ___ NO For how long? _____

Have you been baptized in the Holy Spirit with evidence of speaking with other tongues? ___ YES ___ NO
(Note: This is not a requirement to take the course.)

In the space provided, please write a brief testimony of your salvation experience.

PERSONAL CHURCH BACKGROUND

Name of Church

Pastor Phone Number

Address

City State Zip Code

How long have you attended this church? Are you a member at this church?

In what activities/ministries are you currently involved in and for how long?

In what activities/ministries were you formerly involved in and for how long?

Are you an ordained minister and/or licensed minister? _____

If yes, how long? _____ What are your current ministry responsibilities? Please use the space provided.

If no, please explain in the space provided.

PASTOR RECOMMENDATION (Not required for Eagle Rock Church members)

Pastor's printed name:

Pastor's signature: Date:

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PAYMENT INFORMATION

Tuition of \$150 is due by March 7, 2020. Payment can be made by check, money order, cash, credit card, or online credit card payment. Checks or money orders should be made payable to: *Eagle Rock Church*. All tuition is nonrefundable.

PAYMENT METHODS

1. Checks or money orders payable to: *Eagle Rock Church*.

2. Credit Card Payment (Or register online: gpbibleschool.org/registration.html)

Credit Card (circle one): Visa MasterCard Discover Card American Express			
Name (as it appears on the card)			
Billing Address			
City		State	Zip
Payment Amount: _____			
Credit Card # _____ - _____ - _____ - _____		CID: _____ <small>(the three numbers on the back of your card)</small>	
Expiration Date (MM/YY)			
Card Holder Signature: _____		Date: _____	

For office use only

Amount Received: _____	Date payment received: _____
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Payment form (circle one): check money order cash credit card online cc

Comments: