

Electronic form

Master's Commission Phoenix First Year Application

Personal Info:

Last Name:

First Name:

Middle Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Best Time to Call:

Email Address:

Age:

Sex: Male/ Female

Marital Status: Single/ Married /Divorced /Widowed

Do you have children? Yes No

If yes, how many?

Birth date: / /

Birthplace (City/State):

Are you a U.S. citizen?

If no, country of citizenship:

Spiritual Info:

Have you accepted Christ? Yes/ No

Been baptized in water? Yes/ No

Had an Acts 2:4 experience: Yes /No

Do you attend church regularly? Yes /No

Are you a member? Yes /No

Church Name:

Denomination:

Pastor's Name:

Church Phone:

Church Address:

City:

State:

Zip:

Family Info:

Name of your father or guardian:

Living? Yes /No

Father's Address:

City:

State:

Zip:

Has he accepted Christ? Yes/ No

Father's Denomination:

Name of your mother or guardian:

Living? Yes/ No

Mother's Address:

City:

State:

Zip:

Has she accepted Christ? Yes/ No

Mother's Denomination:

Finances:

How do you plan to pay for Masters Commission?

(Text box)

Liabilities: List total amount of any debts, monthly payments, and when it will be paid off.

(Text box)

Do you own a vehicle? Yes /No

Do you have car insurance? Yes /No

*Send a photocopy of your driver's license and proof of current insurance by mail or fax to (623) 842-5081.

Employment Experience:

Most recent employer:

Address of employer:

City:
State:
Zip:
Dates: From / / to / /
Duties performed:
Past employer:
Address of employer:
City:
State:
Zip:
Dates: From / / to / /
Duties performed:
Past employer:
Address of employer:
City:
State:
Zip:
Dates: From / / to / /
Duties performed:

Health Info:

Do you have health insurance? (Strongly recommended.) Yes/ No

Have you ever used illegal drugs? Yes/ No

If yes, date of last use: / /

Have you ever used tobacco products? Yes/ No

If yes: Cigarettes Chew Other:

Date of last use: / /

Have you ever had alcoholic beverages? Yes/ No

If yes, date of last use: / /

Have you ever been arrested? Yes/ No

If yes, please explain:

(Text box)

Have you ever been convicted of a crime? Yes/ No

If yes, please explain:

(Text box)

Do you have any physical, mental, emotional, or learning disabilities? Yes/ No

If yes, please describe:

(Text box)

Has your education or employment ever been disrupted for any period of time because of a physical problem or nervous disorder? Yes/ No

If yes, please send a letter from your doctor assuring us that you will be able to handle this intense program.

Do you have allergies? Yes/ No

If yes, please explain: (Text box)

Miscellaneous:

Will you share a room? Yes/ No

Have you prayed regarding this commitment? Yes/ No

What is your definition of a servant?

(Text box)

What are your plans after Master's Commission Phoenix?

(Text box)

How does your parents/family feel about you coming into Master's Commission Phoenix?

(Text box)

Personal Sketch:

Master's Commission Phoenix desires to help its students in every way possible. To do this, it is important for us to have some background information, including:

A description of your Christian experiences (past and present).

Experiences which have significantly influenced your life.

A statement on why you desire to attend Master's Commission Phoenix.

Please limit your statement to 300 words.

(Text box)

Almost finished! Please download the Pastoral Reference form and Confidential Reference form and print them out. Have the forms filled out by the appropriate people and return by mail or fax to: (623) 842-5081

To download the forms, click on the links below. *If you are using Internet Explorer, the document will open in the browser window and you can print it from there. If you are using another browser choose to save the file to disk (you will need Adobe Acrobat to view and print the file).* ***Not sure about this one, change it to whatever you need***

Payment Info:

A \$30 application processing fee is due. As soon as we receive your fee, we will begin processing your application. You can pay this fee by check or credit card. If paying by check, please make your check payable to and mail to our office at: 8807 N. 61st avenue Glendale, AZ 85302. If paying by credit card, please contact our office directly at: (623) 842-8421 ext. 204 ***This is where they can pay online, again, change the text to whatever is appropriate, we can probably take out “ contact our office “ ***