

**MEL FLOYD SCHOOL OF EVANGELISM**

- 45<sup>th</sup> Class Student Application -  
Complete ALL QUESTIONS on both sides

**PERSONAL INFORMATION**

(All information will be kept confidential)-PLEASE PRINT Date: \_\_\_\_\_

Rev. / Pastor

Mr. / Mrs. / Ms.

Name : \_\_\_\_\_  
(Last) (First) (Middle)

Address : \_\_\_\_\_ (Apt. No.) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone : \_\_\_\_\_  
(Cell) (Home) (Work)

E-mail : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Occupation : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**CHRISTIAN EXPERIENCE**

How do you know you are saved? (Please do not list different Bible verses and references. Please write out answer to question.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be trained in the art and skill of evangelism?

\_\_\_\_\_  
\_\_\_\_\_

Church Name: or ( ) unchurched at this time \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_

Pastor : \_\_\_\_\_  
(Name) (Telephone)

Does your Pastor know you are attending? \_\_\_\_\_

**REFERENCES (List Two)**

1. Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone : \_\_\_\_\_  
(Home) (Work)

2. Name : \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone : \_\_\_\_\_  
(Home) (Work)

Are you presently a student elsewhere? \_\_\_\_\_

Where? \_\_\_\_\_

- How did you hear about this course?
- ( ) Praise 107.9 FM
  - ( ) Friend
  - ( ) Former student/graduate of Mel Floyd School of Evangelism
  - ( ) Written advertisement on \_\_\_\_\_

Name of person recommending you: \_\_\_\_\_

**Additional Information or Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be on time each week? \_\_\_\_\_ If not, why? \_\_\_\_\_