# Minister's License Application
## Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

## Ministry Information

Church/Ministry: _____

Pastor/Supervisor: _____

Current Ministry Position: _____

Years in Ministry: _____

## Required Attachments

- Personal testimony
- Statement of call to ministry
- Certificate in Biblical Studies (Required)
- One ministry/pastoral reference

## Applicant Affirmation

I affirm that the information provided is true and that I agree to uphold the biblical standards, Statement of Faith, and ethical expectations of Crossway Bible School.

Applicant Signature: _____

Date: _____

**Fee: $100** NON-REFUNDABLE _____INITIAL

**email all information to: crossway@crosswaybibleschool.com**