

**For Official Use Only**

Registration Fee Paid: _____

Date of Entrance: _____

"The Raising up of Many Sons into a Greater Relationship with the Father and into Positions of Leadership within the Body of Christ."

SON RISE SCHOOL OF MINISTRY (SRSM)**Application for Enrollment**The Chandler Building, 17325 Euclid, Ohio 44112 (216)848-8138 education@sonriseministries.org**PLEASE TYPE OR PRINT. IT IS IMPORTANT TO COMPLETE ALL INFORMATION.****PART I: Personal Information**

1. Last Name _____ First Name _____ Middle Initial _____
2. Address _____ P.O. Box _____
3. City _____ State _____ (Country) _____ Zip _____
4. Home Phone _____ Office Phone _____
5. E-mail _____
6. Date of Birth (mm/dd/yy) ____/____/____ SSN/SIN _____ Sex _____

PART II: Life Experience Credits (Please attach additional sheet (s) if required)

1. Total years of Christian Service _____ (attach Christian service resume)
2. Total years of allied military service _____ Branch _____ (attach DD-214)
3. Total classroom hours of Christian workshops/ _____ (attach training certificates)

PART III: Education

Please check all that apply: (Please attach additional sheet (s) if required)

List all colleges and/or universities attended. School or College Attended	Location	Dates	Degree/Certificate

PART IV: Program Selection (Circle number of the course desired)I wish to enroll in the following program (check one) **Payment of fees MUST accompany application** (

1	<input type="checkbox"/>	Mission Training Program – I wish to enroll in this program and I have enclosed the required, \$175.00 fee. (8 week program)
2	<input type="checkbox"/>	Church Leadership and Administration Program – I wish to enroll in this program and I have enclosed the required \$1200.00 fee for the year. (or payment arrangements can be made through financial advisor)
3	<input type="checkbox"/>	International Chaplain Program– I wish to enroll in this program and I have enclosed the required, \$350.00 fee. (or payment arrangements can be made through our financial advisor)

PART V: Signature (required for application processing)_____
Signature of Applicant_____
Date Signed_____
Signature of Parent or Legal Guardian
(if applicant is under age 18)