

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 EnrollmentThe Chandler Building, 17325 Euclid, Ohio 44112 (216)848-8138 education@sonriseministries.org

PLEASE TYPE OR PRINT. IT IS IMPORTANT TO COMPLETE ALL INFORMATION.

1. Last Nam	ne	First Name		_ Middle Initial	
2. Address _		P.O. Box			
3. City	State_	(Country)		Zip	
4. Home Ph	one	Off	ice Phone		
5. E-mail					
6. Date of B	Birth (mm/dd/yy)	// SSN/SIN		Sex	
2. Total 3. Total PART III:	years of Christian Se years of allied milita classroom hours of C <i>Education</i>	redits (Please attach addiervice (attachery service Branchristian workshops/_	h Christian servinch(attach train	ice resume) (attach DD-214) ning certificates)	
List all colleges ar		Location	Dates	Degree/Certificate	
PART IV:		n (Circle number of the course do			
I wish to enroll	in the following program	n (Circle number of the course do n (check one) Payment of f nroll in this program and I	ees MUST acco		
I wish to enroll Mission Trainin (8 week program	in the following program ag <i>Program</i> – I wish to emm)	n (check one) Payment of f nroll in this program and I	ees MUST acco	e required, \$175.00 fee.	
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