

D. Academic Background

High School Attended: _____ Location: _____

(City, State, Country)

Years Completed: _____ Date of Graduation or GED Completion: _____

Please list any other colleges, universities or schools that you have attended in the spaces provided below:

Academic Institution	Location	Dates Attended	Diploma/Degrees Earned

E. Health Information

Do you have any of the following: physical limitations, disabilities, communicable diseases, mental or emotional disorders? _____ If so, please describe: _____

Have you ever been under psychiatric care? _____ If so, please describe: _____

Please provide name and address of physician: _____

Do you use: Tobacco? _____ Narcotics? _____ Alcohol? _____ Medication? _____

F. Personal References

Reference #1	Reference #2
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
Email: _____	Email: _____

G. Financial Resources

What is your anticipated source of income while at Cromwell Christian School of Ministry? _____

What is your anticipated monthly income? \$ _____ What are your total financial liabilities? \$ _____

What are your monthly payments toward those liabilities? _____

H. Your Biography: _____

I promise that, if admitted to Chromwell Christian School of Ministry, that I will at all times conduct myself as a Christian. I will faithfully and diligently apply myself to the studies required by the college curriculum. I will promptly meet all financial and other obligations, and carefully obey the rules and regulations as set forth by the college and its faculty.

Date: _____ **Signature:** _____

Signature of President: _____ Date _____