



2018
APOSTOLIC ASSEMBLY
School of Pastors
Application



Returning Student

1. Personal Information:

Name: _____ DOB: _____ Age: _____

Address: _____

Phone: (_____) _____ - _____ Email Address: _____

Name of Spouse: _____

Will your wife be attending School of Pastors 2018? Yes No

Number of Children: _____ Their Ages: _____, _____, _____, _____, _____, _____

Local Church: _____ District: _____

Current Pastor: _____ Bishop: _____

In what language do you prefer to receive SOP courses? English Spanish

In what language does your wife prefer to receive SOP courses? English Spanish

2. Ministerial Experience and Positions Held:

Date of Initiation: _____ Date of Ordination: _____

Are you an Assistant Pastor or Co-Pastor? Yes No For how long?: _____

Are you a Cell Group Leader? Yes (How many years? _____) No

If called to pastor or plant a church are you willing to relocate? Yes No

If yes, how far? A National Missions City? Yes No

Another State? Yes No Within your state? Yes No

If No, please explain: _____

Have you ever held a pastoral position? Yes No

If yes, why are you no longer pastoring? _____

3. Education:

Have you attended Bible College?: Yes No

Degree Received: _____ Date of Graduation: _____

Secular College Attended: _____

Degree Received: _____ Date of Graduation: _____

4. Additional Questions:

What are your Spiritual and/or Service Gifts? _____

What are your skills and abilities? _____

Are you computer literate? Yes No

5. Requirements:

Please attach the following five components to your application:

- a. One year of your tithing report ending with current month (all students).
- b. Explain the national, district and local church governing structure of the Apostolic Assembly .
- c. A one hundred-word essay explaining your desire to participate in this program.
- d. A half page statement written by your wife expressing her views and feelings on potentially becoming a pastor's wife.
- e. Two letters of recommendation from persons not related to you.

NOTE: These courses are designed exclusively for ministers, assistant pastors, pastors and their wives. We do not have the capacity to attend to or accommodate children or anyone who is not enrolled to take School of Pastors courses. Please do not bring your children. Thank you for your attention to this detail.

6. Signatures:

I understand that applicants who successfully complete this program may be considered as potential pastoral candidates. I understand further that selection to participate in, and successful completion of this program does not guarantee me a pastoral position.

Signature of Applicant

Date

Signature of Wife

Date

Note to Pastor and Bishop: Please make sure to review both the application form and all the attachments before signing. By signing, you are not committing the applicant to becoming a pastor, only approving him to attend the School of Pastors.

Pastor's Signature

Date

Bishop's Signature

Date

If you have any questions please contact SOP staff at (909) 987-3013.

Thank you for your time in completing the application packet for the School of Pastors. Please mail to the following address:

Apostolic Assembly
School of Pastors
10807 Laurel Street
Rancho Cucamonga, CA 91730

FOR OFFICE USE ONLY:	
_____ Committee Bishop Signature	_____ Date of Application Approval
_____ Committee Coordinator Signature	_____ Date of Application Approval
_____ Committee Bishop Signature	_____ Date of Program Completion
_____ Committee Coordinator Signature	_____ Date of Program Completion