

AMERICAN BAPTIST COLLEGE
Sustaining Excellence in Pastoral Ministry Application
(Please Print all information)

Pastor Minister of Music Congregational Lay Leader

Name of Applicant: _____ Month/Year of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Mobile: (____) _____

E-mail: _____ SSN: _____

Church: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Fax: (____) _____

E-mail: _____ Web Page: _____

Pastor's Name: _____

Education:

High School: _____ Diploma: _____

Undergraduate College: _____ Degree: _____

Graduate School/Seminary: _____ Degree: _____

How long as a pastor? _____ How long have you been in the ministry? _____

Which program(s) are you applying for?

- New Pastors Institute Institute on Black Church Sacred Music
- Theological Roundtables Pastoral Circles for Theological Study

Mail application with resume to: American Baptist College
Division of Continuing Education
1800 Baptist World Center Drive
Nashville, TN 37207-9980