



His Saving Grace Theological Seminary

205 Fairley St. - Laurinburg, NC 28352

Telephone: (800) 217-1846 Email: info@hsgseminary.com

Ministry Life Experience Evaluation

Personal Information

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ WORK: _____

HIGH SCHOOL GRADUATE: (circle) YES ____ NO ____ IF NO, GED? YES ____ NO ____

SCHOLASTIC INFORMATION

COLLEGES ATTENDED: _____

COLLEGE DEGREE: YES ____ NO ____ IF YES, WHAT DEGREE _____

CERTIFICATES, DIPLOMAS, EARNED AND WHERE? _____

MINISTERIAL INFORMATION

ARE YOU: (Check) A LICENSED MINISTER ____ AN ORDAINED MINISTER ____

IF SO, WITH WHOM? _____

WHAT IS YOUR MINISTRY GOAL? _____

ON THE FORM PROVIDED, WRITE OUT YOUR MINISTERIAL - SECULAR RESUME.

School Site – City: _____ State: _____ Zip: _____

Administrator: _____ Date: _____

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.