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: _____

ADDITIONAL INFORMATION