

Light Christian University

1110 24th Ave SW - Austin, MN 55912

Telephone: (888) 353-6013 - Email: info@lcuedu.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: _____

[illegible]