

Iowa School Of Ministry Enrollment Form

NAME: _____

Address: _____

City, State, Zip: _____

Male Female Age: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email Address: _____

Employer: _____

Church Information:

Pastor's Name: _____

Church Name: _____

Church Address: _____

City, State, Zip: _____

Your Ministry Involvement: _____

Reason for enrolling in ISDM: _____

If your goal is to obtain a credential with the Assemblies of God, please state why you feel a credential would benefit your ministry. _____

Senior Pastor's reference/comments. _____

Senior Pastor's Signature

I fully understand and agree with the stated policies of the Iowa School of Ministry. I further understand that completion of any of the levels of study is only a first step toward fulfilling the educational requirements and does not automatically qualify me to receive a credential with the Assemblies of God.

Please print name

Signature

Iowa Ministry Network
10525 Buena Vista Ct
Urbandale IA 50322

▶ 515.276.5493

▶ FAX: 515.276.9619

Equipping spiritual leaders
through academic development
and encouraging relationships.

Instruction available for the
following:

Certified Minister
License
Ordained

Enrollment Fee:

\$25 One Time Fee
Due with Enrollment

ISDM Board of Administration

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Rev. Gary Pilcher	President
Rev. Cary Van Kampen	Registrar

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