

Iowa School of Ministry

ENROLLMENT FORM

PERSONAL INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Male Female Age: _____ Date of Birth: _____

Spouse Name (if applicable): _____

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 ISOM: _____

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 ISOM classes 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

isom

Equipping spiritual leaders through academic development and encouraging relationships.


Enrollment Fee:

\$25 One Time Fee
Due with enrollment form

Instruction available for the following:

Certified Minister
License
Ordained

Although ISOM is one option to fulfill only the educational requirements necessary for the credentialing process, ISOM classes are open to anyone interested in continuing their education. The pursuit of credentials is not an enrollment requirement.

 **iowa ministry network**
ASSEMBLIES OF GOD
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