

High School: _____
Name: _____ Graduation date: _____

G.E.D. Exam [] Yes [] No Date passed: _____

Please list all institutions you have attended at the college or university level:

Institution:	City/State:	Attended (from/to):	Degree (if any):
1. _____ (most recent)			
2. _____			
3. _____			

Employment Information

Present Place of Employment: _____

Address: _____ Phone: _____

Occupation/Title: _____

Community/Volunteer Activity

Dates From/To:	Organization:	Position:

Special Skills / Passions

List any specific skills or passions you would like to share:

Application materials become the permanent property of Circle of Miracles and cannot be returned.
I certify that the information on this application is complete and accurate. I understand that any misrepresentation may be cause for rejection or subsequent dismissal from the Ministerial program.

Signature of Applicant _____ Date: _____

Affirmative Action and Nondiscrimination Policy Statement

Circle of Miracles does not discriminate on the basis of race, religion, color, national origin, sex, sexual orientation, age disability or veteran status in its education programs or in admissions to, access to, treatment in or employment in its programs or activities. This policy incorporates by reference the requirements of Title VI, Civil Rights Act of 1964, Title IX, Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the American Disabilities Act of 1990, and all other applicable federal and state laws, regulations and executive directives.