

Sonshine School of Evangelism

3014 Sheridan Road, Portsmouth, Ohio 45662

1-606-932-9240 • 1-740-354-3665

Fax: 1-606-932-9240

www.sonshineschoolofevangelism.org

Application for Enrollment

Instructions: Make an extra copy of this form, fill it out in its entirety, sign it and return it to the college with all requested documents.

Personal Information:

Male _____ Female _____

Last Name _____ First Name _____ Middle Initial _____

Street _____ City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Date of Birth _____ Place of Birth _____

Social Security Number _____ (This will be your student ID#)

My Church Membership is at _____

Occupation _____ Place of Employment _____

Years of Ministerial Service _____

High School _____ Year Graduated _____

GED _____ Years Completed _____ Where _____

Previous College Credits:

Name of School Location Major Credits Degree(s) Earned

Highest Degree or Total Semester Hours to transfer _____

Evaluation Worksheet:

Evaluation of prior credits and life/work experience credits:

This worksheet is to help determine the amount of credit hours that can be applied toward the degree program you are entering. Attach copies of courses, special training, or other work that you would like to have considered for credit.

1. Ministerial Service

_____ (# of years) x 5 = _____ Credit Hours

2. Teaching in Church or Christian School

_____ (# of years) x 5 = _____ Credit Hours

(Note: A maximum of 30 credit hours toward a Bachelor's degree.)

3. Transfer credits (from "Previous College Credits" in Personal Information section)

Degree _____ or credit hours _____

Attach transcripts if available or request that they be sent directly to S.S.O.E.

4. Church Courses

Course name _____ Number of participation hours _____

Attach certificates of completion.

5. Seminars

Seminar name _____ Number of participation hours _____

6. Military Service

Years of active duty _____

(Maximum of 20 credit hours toward a Bachelor's degree.)

Course of Study:

Academic Program Desired (check one):

_____ Bachelor of Ministry Degree

_____ Other

Field of Study Desired (check one):

_____ Ministry

_____ Other

A brief testimony of how you were saved:

Policy Statements

Applicants must read carefully and sign.

I. Policy:

What will it cost you? It will cost you your dedication. We desire ONLY dedicated adults who are willing to give their lives for the furtherance of the Gospel of Christ. You must have high moral standards and a WORK ETHIC. If you meet those standards then you may apply for entrance into the Lord's newest and most unique school.

- **Tuition \$00.00**
- **Single Student Housing \$2,500 for the year. This due before your first class each year you attend. \$2,000 of the fee is non-refundable! (No exceptions).**
- **You will have shower and cooking facilities.**
- **You will be responsible for your food, all text book materials, supplies and phone bills. (No exceptions)**
- **You will be responsible for keeping your sleeping quarters clean at all times.**
- **You may work a part-time job. (The school will help you find one with suitable hours)**
- **A \$500 fee for paper, computers, Internet and ink is due before your first class each year you attend. This fee is non-refundable (No exceptions).**
- **If you truly have a desire to preach call Dr. James Spinnati at 1-740-354-3665 or 1-606-932-9240 today..!**

II. Textbook Policy:

1. **All textbooks for all classes are available through Sonshine School of Evangelism.**
2. **All textbooks must be purchased before the first class. There will be no refunds on textbooks.**
3. **Some classes require a syllabus. These are included in the cost of the textbook. Should the student choose to purchase their textbooks from outside sources for such classes, the student must purchase the syllabus from Sonshine School of Evangelism for a nominal fee of \$5.00**

Enclose the following: The application will not be processed without all of the following. If you have any questions please call 1-606-932-9240 during business hours or 1-740-354-3665.

1. The application form signed and dated.
2. Three letters of recommendation. One must be from an evangelist or elder.
3. All the appropriate documentation attached.

I attest to the fact that the information provided by me on this application is true to the best of my knowledge.

I agree to the previous terms and conditions, understanding it is my responsibility to comply if accepted as a student of Sonshine School of Evangelism. I also understand that there is a \$500 non-refundable fee due at the beginning of each school year.

Applicant's Signature _____ Date _____

Mail this completed form to:

**Sonshine School of Evangelism
3014 Sheridan Road
Portsmouth, Ohio 45662
Attn: Registrar**