		r professional ministry experience	(teaching, pastoring,
missionary work, etc.	.):		
Employer		Nature of Work/Ministry	Dates Employed
What type of ministr	y vocation do you d	lesire upon completion of your do	egree?
How do you anticipa	ate a FBTS degree as	sisting you towards that ministry	vocation?
	MED	DICAL RECORD	
Please check the box	that applies to your	personal medical history.	
□Hepatitis	□Asthma	☐Diminished hearing	☐Severe headaches
		☐High Blood Pressure	□Visual problems
☐Heart Disease What other medical	□Cancer conditions do you h	□Sexually transmitted disease ave?	□Skin problems
If you have ever used when usage stopped.	tobacco, alcoholic l	peverages, or drugs, please describ	oe use and detail
	Faith Baptist Theolog	this application is complete and acc gical Seminary is authorized to ma ertify the accuracy of my records.	
	nt at Faith Baptist T all the regulations as	heological Seminary, and in consiand policies of the seminary and seek wristian integrity and conduct.	
Applicant's Signatur	e	Date	

MINISTRY EXPERIENCE



APPLICATION FOR ADMISSION



ID Photo Here

Name:	
Student ID #	
	For official use only

PLEASE SUBMIT COMPLETED APPLICATION TO: 81 Dhamaryone St., Myenigone, Sanchaung Tsp., Yangon, Myanmar

95-01-501241 | 95-01-210290 | faithmm.edu@gmail.com

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

- 1. Complete the application and PRINT legibly. All address, phone number, and e-mail fields should be complete.
- 2. Ks 10000 non-refundable application fee.
- 3. All applicants must arrange to have an official **copy of all college and seminary transcripts** sent to the Seminary Admissions Office.
- 4. Complete and sign the Personal Statement and Pastor Reference form with three recent passport photos.
- 5. Sign and date the application form. Unsigned applications cannot be processed.
- 6. Return all admission forms and credentials to:

Faith Baptist Theological Seminary

81 Dhamaryone St. Myenigone, Sanchaung Tsp., Yangon, Myanmar

Faith Baptist Theological Seminary admits students without regard to race, color, physical handicap, and national or ethnic origin.

personal information						
□Pastor □Rev. □ Dr.						
Full Name		_ Sex: □Male	□Female			
Place of Birth	Date of Birth		Age			
N.R.C()	Occupation					
Mother tongue	Nationality					
Present Address						
City	State	Zip _				
Home Phone	Cell phone					
E-mail Address						
Permanent Home Address						
City	State	Zip _				
How long have you been a Christian?						
Are you called to Christian service as a life w	ork?					
Your Denominational or Ecclesiastical Affili	ation					
Status: Licensed	☐ Ordained	□ N/A				
Present Church Membership						

Church's Denominational or Eccl	esiastical Affiliation					
Address of Church						
City	State	Zip				
Name of Pastor						
E-mail address	E-mail address Phone					
For which program are you apply	ing?					
☐ Master of Divinity	☐ Master of Divinity (MDiv) ☐ Master of Arts (MA)					
What type of residency are you planning on? ☐ Resident student ☐ Non-resident student						
How do you plan to finance your	study?					
,	MARITAL INFORMATION		_			
□Single		□Married				
□Divorced	□Widowed, not married		ا منسد			
	□Divorced □Widowed, not married □Widowed, remarried pouse's name Number of children					
•						
Spouse's educational background						
Spouse's employment background						
Have either you or your spouse ever been divorced or had a marriage annulled?						
A	ACADEMIC EXPERIENCE					
Colleges, graduate schools, and se	Dates Attended	Degree				
Have you ever been refused admission to, suspended by, or dismissed from a college or seminary? □yes □no						
If yes, please explain:						