



WILLIAMS MASTER'S SCHOOL OF THEOLOGY

4232 Wichita St. Fort Worth, TX 76119

Email: info@wmsot.org

Ministry Life Experience Evaluation Personal Information

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ WORK: _____

HIGH SCHOOL GRADUATE: (circle) YES ___ NO ___ IF NO, GED? YES ___ NO ___

SCHOLASTIC INFORMATION

COLLEGES ATTENDED: _____

COLLEGE DEGREE: YES ___ NO ___ IF YES, WHAT DEGREE _____

CERTIFICATES, DIPLOMAS, EARNED AND WHERE? _____

MINISTERIAL INFORMATION

ARE YOU: (Check) A LICENSED MINISTER ___ AN ORDAINED MINISTER ___

IF SO, WITH WHOM?: _____

WHAT IS YOUR MINISTRY GOAL?: _____

