



# WILLIAMS MASTER'S SCHOOL OF THEOLOGY

4232 Wichita St. Fort Worth, TX 76119

Email: [info@wmsot.org](mailto:info@wmsot.org)

## APPLICATION FOR ADMISSION

School Site: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### MAIL ALL APPLICATION FORMS TO:

Admissions Office  
4232 Wichita St.  
Fort Worth, TX 76119

**IMPORTANT:** Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by applicant. Do not leave any question blank. Put .N/A. if an item, such as a FAX number or email address, does not apply.

### PERSONAL INFORMATION

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F SS# last 4 digits \_\_\_\_\_ Marital Status \_\_\_\_\_

Place of Birth \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_

Citizen of what country \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Church Background/Denomination \_\_\_\_\_

Church Presently Attending & Pastor \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### MINISTRY EXPERIENCE

Current Ministry Status, if any: (check one) \_\_\_\_\_ Senior Pastor \_\_\_\_\_ Missionary \_\_\_\_\_ Youth Minister

\_\_\_\_\_ Chaplin \_\_\_\_\_ Church/Ministry Administrator \_\_\_\_\_ Assistant Pastor \_\_\_\_\_ Evangelist \_\_\_\_\_ Children's

Ministry \_\_\_\_\_ Music Minister \_\_\_\_\_ Lay Minister \_\_\_\_\_ Other

Are you currently licensed or ordained? (circle one) \_\_\_\_\_ Licensed \_\_\_\_\_ Ordained \_\_\_\_\_ N/A

Credentialing Organization \_\_\_\_\_

Past Ministry Involvement \_\_\_\_\_ # years in Ministry \_\_\_\_\_

**EDUCATIONAL INFORMATION**

College/Seminary/Graduate School \_\_\_\_\_

Location \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

College/Seminary/Graduate School \_\_\_\_\_

Location \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

College/Seminary/Graduate School \_\_\_\_\_

Location \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

College/Seminary/Graduate School \_\_\_\_\_

Location \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

College/Seminary/Graduate School \_\_\_\_\_

Location \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

**SALVATION TESTIMONY**

Please state your salvation testimony

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**EDUCATIONAL & MINISTRY GOALS**

Please briefly state your education and ministry goals:

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**Non-Discrimination Policy:** WMSOT does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the College.

**Privacy Rights of Students:** *STATUTE 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto. The code provides for an institution to establish a category of student information termed .directory information. All information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student. Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.*

**PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING**

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the College.
2. I indicate by my signature that I have been notified of my rights as recorded by STATUTE 20, UNITED STATES CODE 1232g.
3. I certify by my signature that I agree to abide by the policies of this institution as described in the WMSOT Student Handbook and Course Catalog.
4. I understand that WMSOT is accredited by The Accrediting Association of Bible Schools and Theological Institutions, Inc. and American Bible Colleges Accreditation a private non-governmental agency and is not regionally accredited. WMSOT has not sought U.S. Department of Education recognition at this time nor does WMSOT guarantee the acceptance of academic credit by colleges and universities or other Bible schools.
5. I acknowledge that WMSOT is not a job placement service and makes no claims regarding employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

