## **Feed My Sheep School of Counseling Application**

## Please type or print.

Submit application with \$100 application fee at least 30 days before the start of the semester in which you plan to enroll. Mail or email application to the address below.

City:		State:	Zip Code:
Day Phone:Evening P		one:Email Address:	
Social Security Number: _		_Date of Birth:	Gender: MF
Feed My Sheep School of Counseli	ing does not make enroll	ment decisions based on ag	ge, race, sex, or national origin.)
Highest Earned Degree:		-	
Place and Date of High School Diploma:			Date:
Place and Date of College	Credits Earned:		Date:
Place and Date of Graduate	e Credits Earned: _		Date:
Place and Date of Post-Gra	duate Work:		Date:
Do you profess a relationsh	nip with Jesus Chri	st? Are you a	credentialed minister?
Where did you receive you	r credentials?		
What church do you attend	?		
Current Occupation:		_How long have you	u been at your current job?_
Marital Status: Married	Single D	ivorced Wide	owed How long:
Spouse's name:	H	low many children:	
Have you had any previous	s training in Christ	ian counseling? Plea	se explain

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Please Answer Briefly:
Why do you want to become a Licensed Christian Counselor?
What formal/informal training in counseling have you had?
How do believe this program will benefit you?
Do you have any experience dealing with people in spiritual or emotional crisis?
What are your goals for counseling ministry?
How do you know that you are called into the counseling ministry?
What is your current involvement in the ministry or in your church?
Have you ever been convicted of a felony? Please explain or attach explanation
Do you have any physical or emotional issues that should be considered?
How did you become aware of FEED MY SHEEP SCHOOL OF COUNSELING?
SignedDate