



White Horse School of Ministries

Dr. Shirley Elenbaas, President

**APPLICATION
FOR
ADMISSION**

1780 Cumberland Avenue
West Lafayette, IN 47906
(765) 477-1111 FAX (765) 477-1177
E-Mail whsm@whcc.net

(Please Print Plainly)

Date _____

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Maiden Name _____

If Married, Spouse's Name _____

Address where correspondence is to be sent:

Address _____

City _____ State _____ Zip _____ Country _____

Phone Number _____ E-mail address _____

Education: High School _____ Location _____ Year Grad. _____

College _____ Location _____

Degrees Obtained _____

Conversion Date _____ Baptized in Holy Spirit? _____ When? _____

Religious Faith _____ What Church Do You Attend? _____

Pastor's Name _____

Address _____ Phone () _____

Please return form along with \$25.00 application fee to:

**White Horse School of Ministries,
1780 Cumberland Avenue
West Lafayette, IN 47906.**

Please include, on a separate sheet of paper, a short biography including family background, circumstances of conversion and reasons for desiring to attend *White Horse School of Ministries*.

Date _____ Signature _____