

2 for 1 Scholarship Registration

Your Name:

Address

Street:

City/Town:

State/Province:

Zip/Postal Code:

Email:

Phone

Home:

Cell:

Highest Level of Education

High School

College

Graduate

Post-Graduate

Briefly describe

Any religious training you have had:

Any ministry experience:

Your Friend's Name:

Address

Street:

City/Town:

State/Province:

Zip/Postal Code:

Email:

Phone

Home:

Cell:

Highest Level of Education

High School

College

Graduate

Post-Graduate

Briefly describe

Any religious training he/she has had:

Any ministry experience:

Courses we wish to take

I and my friend wish to enroll in the Complete Program (24 Courses), or

I and my friend wish to enroll in the following courses

Course Name

Course Number

Payment Information

Check (Attached)

Credit Card

Name on Credit Card

Credit Card Number:

Exp. Date:

CVV Code (on back of card):

Amount:

Signature:

Today's Date: