

NATIVE AMERICAN COURSE OF STUDY

STUDENT ENROLLMENT FORM, page 1

PERSONAL INFORMATION

Date _____

Name: _____

Address: _____

Home Phone: _____ Day Phone: _____ E-mail: _____

Birthday: _____ Gender: Male: ___ Female: ___

(This information is used only in accordance with Title VI of the Civil Rights Acts of 1964)
Predominate Racial/Ethnic Background *(This information is used in accordance with Title VI of the Civil Rights Act of 1964)*

American Indian or Alaskan Native tribe or nation affiliation

If you are not an American Indian, what is your involvement in American Indian ministries?

Person to notify in case of an emergency:

Name:	Relationship	Phone/Contact Information
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UNITED METHODIST CHURCH CONFERENCE INFORMATION

Conference: _____ District: _____

Licensing School: (location and date of completion)

Conference Status:
 Part-time Local Pastor Student Local Pastor Other: _____
Indicate appointment and address _____

Full-time Local Pastor
Name and address of church _____

Not currently serving a church _____

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EDUCATION BACKGROUND

Please list all of your formal education experiences, beginning with high school and indicate each degree you earned.

Name of Institution	Years Attended	Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEALS AND HOUSING

I have these dietary needs:

I have these accessibility needs:

SIGNATURES
ALL THREE ARE REQUIRED

I give permission for release of my grades to the Division of Ordained Ministry, my Annual Conference, and District Board of Ordained Ministry.

(Student's Signature)(Date)

This student is a certified candidate and has completed Licensing School.

(District Superintendent's Signature)(Date)

This candidate is approved for financial assistance from the Annual Conference.

(Local Pastor Registrar's signature)(Date)

Please mail the completed form to:

Rev. Danira Parra
2401 Springfield Road
East Peoria, IL 61611

Questions: Call Rev. Fred A. Shaw 513-280-6246 or contact fashaw@juno.com