

Copperbelt *Ministerial* College

A Ministry of Copperbelt Reformed Baptist Churches

Grace Reformed Baptist Church * +260 212 611612 * cmendola@gmail.com
P. O. Box 70136
Ndola

Application Form

Full Name Date:

Address

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Phone (fixed) Phone (mobile)

E- mail

Date of birth

Marital status

Present employment

Academic or professional qualifications

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Church membership

In what forms of Christian ministry do you participate?

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Are you in substantial agreement with the 1689 Baptist Confession of Faith?

Are you willing to pursue your studies under the supervision of a Reformed Baptist Pastor?

Please give a brief account of your conversion to Christ (on a separate sheet)

Give names and addresses of two referees, one of whom should be the pastor of your church [or pastor with whom you have closely worked with]

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Signature