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| SUNGRAK BEREA ACADEMY APPLICATION |
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Application No :

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| Applying Course | Berea Academy 54th term | Photo |
| Applicant | **First Name** |  | **Last Name** |  |
| **Gender** | Male / Female | **Date of Birth** | / / |
| **Address** |  |
| **Contact Phone** |   |
| **E-Mail**  |  |
| Attending Church | Church name |  | Pastor’s Name |  |
| Church Address |  | Applicant’s Position  |  |
| Denomination |  | Date of Your Baptism | / / |
| Have you ever Experienced the Work of the Holy Spirit? | Yes / No |
| The Name of the Pastor who baptized you |  |
| **Please tell us how you came to know Sungrak Church and Berea.** |
| **What courses or activities of Sungrak Church did you take part?** |
| **Titles of Berea Books you read** |
| **Church Activities**  | **Christian Education**  | **Career Background** |
| Position | Period | Organization | Period | Title | Period |
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**I, hereby submit my application for admission to the Sungrak Berea Academy.**

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| (Applicant Signature) |  | (Date) |