

## Application for Admission

573-793-2628 / www.midwestct.com

Last Name (Print)	First Name	Middle o	r Maiden Name
DOB:/	Hm. Ph	Cell Ph	
	Marital Status: □Single □Married □Divorced		
Name of Spouse:			
*Email Address:			
Mailing Address:			79. 1
City:	State:	Zip: _	
BACKGROUND INFORM	IATION (Information take	n to better serve you as stu	dent)
*Name of church hosting sch	ool:		glasella republica
*Host Pastor's Name:	Pastor's ph		
EDUCATIONAL INFORM			
	, ,		
	//. City		
Date of Graduation/_			
If you did not graduate, have y		yes □ no When?	
Degree Applying f			
		T 05 000 00 C 00 C	
☐ ASSOCIATE \$80.00 CORE (			
☐ MASTER'S \$100.00 CORE C ADMINISTRATION/STUDENT			RRICULUM (8)
DRUG INTERVENTION MI			
PAYABLE TO DRUG FREE WO			BEFORE DIPLOMA IS GIV-
EN MISSIONS MINISTRY \$	1,000 DONATION PAYABL	E TO MCT	
I have read the Statement of F stand in accordance to the Wo		ge of Theology and ag	ree to follow its doctrina
		/_	/
Student's Signatu	ire		Date