



Name: \_\_\_\_\_

What degree are you applying for: \_\_\_\_\_

Have you ever been arrested with a felony charge  Yes  No

If yes, please explain on a separate sheet of paper.

Please list 2 references with email or phone numbers.

1. Name \_\_\_\_\_ Ph \_\_\_\_\_ email \_\_\_\_\_

2. Name \_\_\_\_\_ Ph \_\_\_\_\_ email \_\_\_\_\_

- Transcripts and diploma
- Passport size photo (In color, good photo quality, 2" x 2" or 51mm x 51mm in size)

Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Vanguard School of Prophets  
College of Prophetic Studies**

*“PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION”*

Please PRINT clearly

Last Name	(First)	(middle or maiden)
Home Phone	Work Phone	Cell Phone
Social Security	DOB (MM/DD/YY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Other
Place of Birth (city and state)	Name of Spouse	
Mailing Address	Apartment #	
City	State	Zip
Email Address		

Degree of enrollment	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate
Degree Goal	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate

**Background Information**

Present Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Local Church: \_\_\_\_\_

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Ministry and Church Information:**

Pastor's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Are you a minister  Yes  No; Licensed  Yes  No Ordained  Yes  
 No  Other? \_\_\_\_\_

How long have you been in full-time service? \_\_\_\_\_ years \_\_\_\_\_ months

To what denomination or organization do you belong or classify yourself \_\_\_\_\_

**Reference:**

Relative/Friend \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**Ethnic Origin: (required by the Civil Rights Act)**

Caucasian (Non-Hispanic)  Asian Pacific Islander  Hispanic  Black ( Non-Hispanic)  Native American Indian/Alaskan

Other:  
Specify \_\_\_\_\_

**Citizenship**

County of Birth: \_\_\_\_\_ Are you a citizen of the United States  
 Yes  No

If No, Please answer the following question:

Are you a permanent U.S. Resident?  Yes  No Alien Registration Number  
# \_\_\_\_\_

If Yes, What Type? \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Education Information**

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

If you did not graduate, have you obtained a GED  Yes  No, If yes,  
date: \_\_\_\_\_



List ALL colleges attended in chronological order(latest last) Attach additional sheets, if necessary.

**Name of Institution:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ to: \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

**Name of Institution:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ to: \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

**Name of Institution:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ to: \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

Are you enrolled in the last institution?  Yes  No

If yes, What will be your final date of attendance? \_\_\_\_\_

Are you eligible for readmission to any of the institutions listed?  Yes  No

If no, are the reasons  Academic  Disciplinary  Other (please attach explanation on separate sheet)

**Additional Information:**

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (Excluding minor traffic violations)

Yes  No If yes, give full details on an attached sheet.

I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the **Vanguard School of Prophets** and to conduct myself in accordance with the expectation of **Vanguard School of Prophets** in Order for my life to bring Glory and Honor to the LORD, Jesus Christ. I have read the **Statement of Faith of Vanguard School of Prophets** and agree to follow its Doctrinal stand in accordance to the Word of God

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Please type your name as you would want it to appear on your diploma.**

Name: \_\_\_\_\_

Vanguard School of Prophets  
College of Prophetic Studies  
**796 N. Suncoast BLVD**  
**Crystal River, FL 34429**  
**(352) 794-3867**

**Please Print**

Please return this application and fees to Scott Wallis, President.



**Please share with us about your ministry experience, we'd love to hear it.**