

IOWA SCHOOL OF MINISTRY

ENROLLMENT FORM

Personal Information:

Name: _____

Address: _____

City, State, Zip: _____

Male Female Age: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email Address: _____

Employer: _____

Church Information:

Pastor's Name: _____

Church Name: _____

Church Address: _____

City, State, Zip: _____

Your Ministry Involvement: _____

Reason for Enrolling in ISOM: _____

If your goal is to obtain a credential with the Assemblies of God,
please state why you feel a credential would benefit your ministry:

Senior Pastor's reference/comments: _____

Senior Pastor's Signature

ISOM:

Equipping spiritual leaders through
academic development and
encouraging relationships.

Enrollment Fee:

\$25 One Time Fee

Due with enrollment form

Instruction available for the following:

Certified Minister

License

Ordained

ISOM Board of Administration

Rev. Tom Jacobs

Chairman

Rev. Gary Pilcher

President

Rev. Cary VanKampen

Registrar

 **iowa ministry network**
ASSEMBLIES OF GOD
10525 BUENA VISTA COURT
URBANDALE, IA 50322

I fully understand and agree with the stated policies of the Iowa School of Ministry. I further understand that completion of any of the levels of study is only a first step toward fulfilling the educational requirements and does not automatically qualify me to receive a credential with the Assemblies of God.

Please Print Name

Signature