



The Orlando Institute

Equipping Leaders to Disciple the Nations

Application for Admission

This application should be filled out by the applicant and mailed or emailed directly to the address above.

1. Legal Name Mr. _____ Name you prefer: _____
Miss _____
Last First Middle

2. Present Address: _____
(Street & Number) (City) (State) (Zip) (Country)

3. Permanent Address: _____
(if different) (Street & Number) (City) (State) (Zip) (Country)

4. Phone Home: () _____ Work: () _____

5. Birth Date: _____ 6. Social Security Number: _____

7. Birthplace: _____ 8. Citizenship (Nationality): _____

9. Marital Status: Single Married Divorced Widowed

Spouse's Name: _____ Date of Marriage: _____

10. Children (Names & Ages): _____

NOTE: If you have ever been divorced, please explain and attach to application.

11. Do you have any health condition which would limit your ability to pursue graduate study or field ministry?
 Yes No If yes, please explain

12. Are you now, or have you ever been under psychiatric care? Yes No
NOTE: If yes, please attach a statement giving details and give name and address of the psychiatrist(s) who treated you.

13. Have you ever had extreme financial difficulties, ever been insolvent or bankrupt? Yes No
NOTE: If yes, please explain and attach statement to application.

14. Have you ever been refused admittance or re-admittance by any school? Yes No
NOTE: If yes, please explain and attach statement to application.

15. Education Background: (Applicant is responsible for having official transcripts sent directly to the TOI Office of Admissions by each school listed below.)

Name of Institution	Attendance From / To	Degree/Diploma	Year degree was/will be received	Approximate G.P.A.
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16. Employment or Business Experience (Kind & Length):

17. Please read the Statement of Faith (in academic catalog/ on the web site) and respond to the following questions.

Are you in agreement with this statement? Yes No

Are there areas of disagreement or areas in which you have not formed an opinion? Yes No

If yes to last question, please state which ones.

18. When did you trust in Jesus Christ as your Savior?

19. Denominational Preference:

20. Church Membership:

21. Ministerial Status: Under Care Licensed Ordained

Name of body granting this status and when:

22. What do you think are your spiritual gifts and why?

23. What is your present ministry? (Give title, duties, church or organization, and address.)

24. What books or articles have you published?

24. Indicate the term and year you plan to begin study:

25. Desired program: Leadership Training Course Biblical Foundations of Leadership
 Master in Leadership Of Ministry

26. On a separate page, please write a comprehensive account of your Christian experience, your relationship to the Lord Jesus Christ, your philosophy of ministry, and your future vocational goals.

29. Please enclose a recent photograph, a resume, and a one-time, non-refundable application fee of \$45 with this form.

Applicant's Signature: _____

Date: _____

The Orlando Institute maintains a non-discriminatory admissions policy, except for religion and moral issues as explained in the Catalog.