

SUNGRAK BEREAC ACADEMY APPLICATION

Application No :

Applying Course		Berea Academy 54 th 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	

I, _____ hereby submit my application for admission to the Sungrak Berea Academy.

(Applicant Signature)

(Date)