



Mississippi District School of Ministry  
 P. O. Box 720309  
 Byram, MS 39272  
[www.mssom.org](http://www.mssom.org)

**Student Information Form ~ Level (circle one)**      Certified      Licensed      Ordained

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone # \_\_\_\_\_ Gender ( ) Male ( ) Female

Marital Status ( ) Married ( ) Widowed ( ) Single ( ) Separated Spouse's Name: \_\_\_\_\_  
 If married, have you or your spouse been divorced? ( ) yes ( ) no ( ) n/a

How did you first hear about D-SOM?

**Church Information:**

Home Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Briefly summarize your ministry involvement:

**Application Information:**

What is your ministry goal?

Is it your intention to seek credentials with the Assemblies of God?

**Education**

Please list any post-secondary courses you have taken that correspond to required courses offered by MS-SOM. \* Please supply transcript of any post-secondary courses completed.

**Emergency Information:**

Information of someone that MS-SOM may notify in case of emergency:

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Personal Statement**

I, the undersigned, do hereby affirm that I have read and understand the Mississippi DSOM Academic Catalog and am in agreement with the mission and purpose of DSOM. I understand that MS-SOM, including deadlines, paperwork, fees, etc., is separate from credentialing. I certify that the answers on my application are correct to the best of my knowledge. By my signature, I agree to follow all the conditions aforementioned. I also authorize the District Office to use any photographs of me in publications and advertisements.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_