



Highland Crest School of Ministry

Application of Admissions

Name: _____

Surnames: _____

Sex: _____ M _____ F

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____/_____/_____

Church Affiliation: _____

Conversion Date: _____

Additional Requirements:

Letter of recommendation from pastor of church, 18 years of age, be a baptized member of a Christian church and payment of registration fee by subject.

Signature: _____ Date: _____

Send Application to:

RCBA Office

Attention: Janice Bierod @ jbierod@rcbatn.org