

Certificate of Ministry

*Sword of the Spirit Bible Institute*  
An Extension of  
Richmond Virginia Seminary  
4420 Douglas Street NE  
Washington D C 20019  
(202) 396-SSBI  
Application Form

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_

Name of nearest relative: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Pastor \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Educational Background**

High School Attended: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Year \_\_\_\_\_  
If not, do you hold a GED Certificate? \_\_\_\_\_

Names of Institutions of Higher Education attended: Degree or Diploma  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information is requested so that we may demonstrate to the U.S. Department of Education this institutions' compliance with Title VI of the 1964 Civil Rights Act. Your response is voluntary.

African – American \_\_\_\_\_ American-Indian \_\_\_\_\_  
Caucasian-American \_\_\_\_\_ Asian American \_\_\_\_\_  
Spanish-American \_\_\_\_\_ Other \_\_\_\_\_

To assist the Registrar and Admission Committee to better know you, please answer the following in detail: (Your response must be in essay format and typed. Please use a separate sheet of paper.)

Present a statement of your faith, including your experiences; spiritual journey and call to ministry. Describe how you feel this certificate will equip you for future work in Christian ministry.

A \$25.00 (Non-refundable) Application Fee must accompany this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(For Office Use Only)

Registration Fee Paid \_\_\_\_\_  
Transcript Requested \_\_\_\_\_  
Transcript Received \_\_\_\_\_