MINISTERIAL ALLIANCE INFORMATION SHEET

Name		
Last	First	M.I.
Student ID	Date	Graduation Date
Phone number/Cell		Hours enrolled_
Address (local)		Classification
E-mail address (that you	ı will check)	
Major:BibleBiblical LanguaChristian EducaCross-Cultural SPractical TheoloYouth MinistryOther (please sp	tion Studies egy ecify)	
Pastoral Ministry Counseling Minister of Youth Bi-vocational Mini International Missi Minister of Childre Minister of Mission	stry V ons n/Preschool	
Do you have a resume of	on file with Dr. Gramlir	ng?, if no, please submit one.
Do you currently hold a	ministry position?	
If so, please state what	position and where you	serve:
Work with children	Lead worshi Play piano/o Lead a Disci	