

Dr. Richard D. Howell Jr. School of Ministry
1201 W. Broadway Avenue
Minneapolis, MN 55411
612-302-1463

Student Application Form

Personal Information

Printed Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Date of Birth: _____ Sex: Male Female Last 4 Digits of SS#: _____

Church Information

Church Name: _____

Bible Institute Name (if applicable): _____

Previous Education

High School Graduate? Yes No GED? Yes No

High School Name: _____

City/State: _____ Graduation Year: _____

College/University Name: _____

City/State: _____

Year Attended: _____ Degree Received: _____

College/University Name: _____

City/State: _____

Year Attended: _____ Degree Received: _____

Signature: _____ Date: _____

Please note: This form may be modified to include the Bible Institute's unique information. One copy should be sent to Aeon for the student's file. A \$20 registration fee should accompany this form. All students, including returning students, must complete a registration form each time they take a course.



AENON BIBLE COLLEGE
3939 Meadows Drive, Indianapolis, IN 46205

MINISTERIAL INTRODUCTION/ORDINATION PREPARATION APPLICATION

1. Are you a member of the Pentecostal Assemblies of the World, Inc.? Yes No
2. Are you a member in good standing of a church belonging to the P.A.W.? Yes No
3. Are you a member in good standing with the State Council? Yes No
4. Do you hold current Local License/Fellowship Papers? Yes No Exp. Date _____
5. Are you now enrolled in a course(s) at Aenon Bible College? Yes No
 - a. If yes state the course(s)

Please Note: You may not apply for the ORDINATION PREPARATION COURSE unless you are presently a licensed P.A. W., inc minister.

License Number _____ Expiration Date _____

Please check the course in which you are enrolling: Ministerial Introduction Ordination Preparation

Where do you plan to attend classes? Main Campus Distance Learning Bible Institute

Name of the Bible Institute (if applicable): _____

Name: _____
(Last) (First) (Middle Initial)

Last 4 Digits of Soc. Sec. #: _____ Date of Birth: _____

Street Address: _____ Apt. # _____

City/State/Zip: _____

Telephone: _____ Email: _____

Home Church: _____

Pastor: _____ Telephone: _____

Your pastor and a council official such as District Elder, Suffragan Bishop, or Bishop must sign this application to make it valid. Aenon Bible College cannot process this application without these signatures.

Pastor: _____ Date: _____

District Elder: _____ Date: _____

Student: _____ Date: _____

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Home Phone: () _____ Alternate Phone: () _____

Date of Birth: _____ Sex: Male Female Last 4 Digits of SS#: _____

Enrollment Information

Course Name: _____ Course No.: _____

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Signature: _____ Date: _____

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Dr. Richard D. Howell Jr. School of Ministry

ORDINATION PREPARATION QUESTIONNAIRE

Thank you for your interest in attending Dr. Richard D. Howell, Jr. School of Ministry, a satellite school of Aeon Bible College.

Please answer the following questions:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone number (_____) _____

Have you been baptized in Jesus Name? _____ If so, when? _____

Are you filled with the Holy Ghost and have the evidence of speaking in tongues? _____

How long have you been saved? _____

Which organization are you licensed with?

Are you current with your credentials? _____

Thank you!

Administration Staff