

**Application for Program**  
*(Please type or print)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Employed by: \_\_\_\_\_ Please check one: \_\_\_\_\_ Lay

Denomination: \_\_\_\_\_ \_\_\_\_\_ Ordained

Judicatory: \_\_\_\_\_ \_\_\_\_\_ Candidate

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse/Fiancé(e)/Partner's Name: \_\_\_\_\_

**I. Registration:** I wish to register for:

- \_\_\_\_\_ 2-Day Standard Career Development Program      \_\_\_\_\_ Nehemiah Leadership Interview
- \_\_\_\_\_ Rehabilitation Assessment Program      \_\_\_\_\_ Hebrew College Interview
- \_\_\_\_\_ Candidate for Ordination Program: 2-Day Individual    *or*    3-Day Group Track
- \_\_\_\_\_ Other \_\_\_\_\_

**II. Scheduling:** (Please call to schedule) My program is scheduled for: \_\_\_\_\_

**III. Participation** by Spouse/Fiancé(e)/Partner: We invite and encourage spouses/fiancé(e)'s/partners to participate. Please check the option of your choice:

- \_\_\_\_\_ Complete program as full client (emphasis on both careers, call for pricing)
- \_\_\_\_\_ Partial participation (emphasis on one career, no extra cost)
- \_\_\_\_\_ Spouse/Fiancé(e)/Partner does not plan to participate

**IV. Referral:** I was referred to the Center by: \_\_\_\_\_ Myself, or by: \_\_\_\_\_

**V. Report:** A report is required regarding my program:      Yes \_\_\_\_\_ Date: \_\_\_\_\_ / No \_\_\_\_\_

Name & Address of person to whom report will be sent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI. Fee Policy:** Program fees are due and payable in two parts:

- A. The registration fee is to be submitted with this application. **Program dates are not confirmed until the registration fee is received.** Please note that the registration fee is **non-refundable** if the applicant cancels the program less than five (5) weeks before the program date.
- B. The balance of the program fee is due and payable at the time of the program.
- C. Program fees are often paid from multiple sources; individual, association, congregation, or denomination. Please complete your billing information below.

**VII. Payment of Fees:**

**That I am responsible for the program fee of \$ \_\_\_\_\_ and hereby accept that responsibility.**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**It will be paid as follows:**

Registration fee of \$ \_\_\_\_\_ now. The balance of \$ \_\_\_\_\_ will be due at the time of the program.

**Please charge the Registration fee \_\_ Program fee \_\_ to my [VISA] [MASTERCARD]**

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three digit code on back of card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please bill the following partnership organization(s):**

**Amount** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Amount** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Amount** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please complete the attached *Pre-Program Indicator* and submit it to the Center, along with this application and the registration fee. If you have completed Clinical Pastoral Education and Supervised Field Education settings, please include a copy of your final evaluation(s) along with this application.

