Canadian Christian Ministries Theological Seminary
School of Ministry Application Form

Mail Application to: Canadian Christian Ministries, 159 Presidial Avenue, Oshawa, ON L1L 0H1

Surname________________________ **First Name**_______________________ **Middle Initials** _______

Date of Birth ______________________________ **Gender**: Male_____ Female_____

Marital Status: Never Married____ Married _____ Divorced_____ Separated_____ Widowed ______

Address ____ **Apartment No**___________

City__________________ **Province**___________ **Postal Code**____________ **Phone No** ______________

CCM Ministerial ID No (if applicable**)**: ____________ **Email**

(Please enter your email address in the space above)

Course Selection – Please enter the course number and name below (see **List of courses on the next page**)

Course No.	Course Name	Tuition
	TOTAL FEES	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX
	Payment Plan – Contact office	
	Full Payment - I wish to pay my tuition fees in full.	

Please make cheque, bank draft or money order payable to **"Canadian Christian Ministries Theological Seminary".** Please do **not** use the abbreviation "CCM". You must write the full name "Canadian Christian Ministries Theological Seminary". Thank you.

______________________________ ______________________________ ________________

Signature of Applicant Signature of Sr. Pastor Date

(Sr. Pastor's Signature needed for **Youth**, **Sunday School** & **Usher** Ministry Courses **only**)

For Official Use Only

Date Received____________________________ Approved______ Denied______

Student No Assigned________________________ Date Program Completed _____________________

_________________________ ___________________ ______________________

Name of CCM Officer Designation of Officer Signature of Officer