SH 5-Fold Ministries Training Institute Application Form

Mail Application to: SH 5-Fold Ministries Training Institute, 3 Dent St, Ajax ON, L1T 4E8

Surname	First N	First Name		Middle Initials	
Date of Birth		Gender: Male_	Female		
Marital Status: Nev	er Married Married	Divorced	_ Separated	Widowed	
Address			Apartment No		
City	Province	Postal Code	Phon	e No	
Email					

Course Selection – Please enter the course number and name below (see **List of courses in booklet**)

Course No.	Course Name	Tuition	
	TOTAL FEES		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Full Payment - I wish to pay my tuition fees in full.			

Please make cheque, bank draft or money order payable to **"SH 5-Fold Ministries Training Institute".** Please do **not** use the abbreviation "SH5-FMTI". You must write the full name "SH 5-Fold Ministries Training Institute". Thank you.

Signature of Applicant	Signature of Sr. Pastor	Date	
	For Official Use Only		
Date Received	Approved	Denied	
Student No Assigned Date Program Completed			
Student No Assigned	Date Program Completed		