

# FORM 12—Admissions Application for the Certificate of Progress Program

(A member of the Education and Leadership Ministries, National Council of Churches)  
As authorized by the Division of Christian Education Accreditation and Credentials  
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.

Applicant must subscribe to the *Christian Education Informer*. Please submit an *Informer* subscription application and fees with this form.

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Personal Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Daytime (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Church Information:** Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

District Association

State Convention

Is your church a member of the NBC, USA, Inc.?  Yes  No Other (List \_\_\_\_\_)

## Current Church Work Experience

Ministry/Auxiliary \_\_\_\_\_ Position \_\_\_\_\_

Ministry/Auxiliary \_\_\_\_\_ Position \_\_\_\_\_

Other \_\_\_\_\_ Position \_\_\_\_\_

**Dean of Record:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Christian Education Experience:** Have you attended any Christian Leadership Schools?  Yes  No

How did you become aware of the Certificate of Progress Program? \_\_\_\_\_

## Recommendation

I am familiar with the Christian character of \_\_\_\_\_ or have secured information from someone familiar with him or her. Applicant's Name

Signed Pastor: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signed Dean of Record: \_\_\_\_\_ Dean No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signed Student: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please complete this financial section: Appropriate fees must accompany this form. **Do not send cash! Do not staple or tape checks!**

Fees included: Admissions \$ \_\_\_\_\_ Informer \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Please list method of payment for this application. Make checks payable to: **The Division of Christian Education**

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier Check No. \_\_\_\_\_

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