FORM 17–Admissions Application for Specialization

(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.

Note: You must submit a copy of your Certificate of Progress Diploma or a copy of your transcript evaluation sheet along with two letters of recommendation (one from the pastor and one from a district or state officer) with this application. Letters must be typed. *Informer* subscription must be current.

Submit to: The Division of Christian Education, 330 Charlotte Avenue, Nashville, TN 37201-1188

Name of Applicant:				
			State	Zip Code
E-mail Address:				
Phone: Daytime ()	Home ()		
Name of Church:			Pastor:	
Church Address:		City	State	Zip Code
District	Association		S	State Convention
Is your church a member of	of the NBC, USA, Inc?	Yes No Other	(List)
What area of specialization	n have you chosen and why?			
How did you become away	re of the Specialization Progr	ram?		
Current Church Work E	lxperience			
Ministry/Auxiliary		·	Position	
Ministry/Auxiliary		·	Position	
Other				
		· ·	Position	
Name of Dean of Record	:			Zip Code
Name of Dean of Record Address:	:	City	State	
Name of Dean of Record Address:	:	City	State	Zip Code
Name of Dean of Record Address:	E	City	State	Zip Code
Name of Dean of Record Address: Daytime Phone: () _	EE	City	State	Zip Code
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