

FORM 17-Specialization Education Studies Program Admission Form

(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 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, P. O. Box 70990 Nashville, TN 37207-0990.

Date ____/____/20____

Name of Applicant: _____

Address: _____ City _____ State _____ Zip Code _____

E-mail Address: _____

Phone: Daytime (____) _____ Home (____) _____

Name of Church: _____ Pastor: _____

Church Address: _____ City _____ State _____ Zip Code _____

District Association

State Convention

Is your church a member of the NBC, USA, Inc? ____Yes ____No Other (List _____)

What area of Specialization have you chosen and why? _____

How did you become aware of the Specialization Program? _____

Current Church Work Experience

Ministry/Auxiliary _____ Position _____

Ministry/Auxiliary _____ Position _____

Other _____ Position _____

Name of Dean of Record: _____

Address: _____ City _____ State _____ Zip Code _____

Daytime Phone (____) _____ E-mail Address _____

Signed _____ Date ____/____/20____

Applicant

Signed _____ Dean No. _____ Date ____/____/20____

Dean of Record

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 the 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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