THE POTTER'S HOUSE INTERNATIONAL MINISTRIES

SCHOOL OF THE PROPHETS ADMISSION APPLICATION

Bishop Vaughn M. McLaughlin, Founder and President



THE POTTER'S HOUSE INTERNATIONAL MINISTRIES – SCHOOL OF THE PROPHETS						
APPLICANT INFORMATION						
Name:						
Current Address:						
City:		State:		Zip Code:		
Phone:						
Email:						
CHURCH AFFILIATION INFORMATION						
Church Name:						
Church Address:			How long?			
Phone:						
City:		State: Zip Code:				
Pastor's Name If Applicable:		Position/Office You Hold:	How Long Have You Held This Position?			
Church Email/Website						
PREVIOUS EDUCATION						
School Name:						
Major/Course:		Degree Pursued: Yes	No		Secular Christian (Please Circle)	
How long did you attend?		List Degree Earned:				
IN THE SPACE PROVIDED, BRIEFLY STATE YOUR PURPOSE FOR APPLYING FOR THIS COURSE						

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IMPORTANT

I have completed the foregoing information and I understand that any false statements or information purposefully omitted/included will be sufficient cause for dismissal from the program if accepted. I also understand that					
any missed session, without prior consent, is also sufficient cause for dismissal from the program if accepted.					
Signature of applicant	Date				
For Office Use Only Below This Line					
APPROVED DENIED	Date				