Family Christian Counseling Certificate Program

Application for Admission

Admissions Office

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FCC Certificate Program Application

Please check the appropriate box for the program you are applying for.
(지원하는 해당 항목에 표시해 주십시오.)

☐ Family Christian Counseling (FCC / 가정상담 사역자 수료증 과정)

* Term/ Semester (지원하는 학기와 연도를 표시해 주십시오.) *Year: _____

☐ Fall Semester   ☐ Spring Semester   ☐ Winter Term   ☐ Summer Term

> PHOTO
>
> 2 in x 2 in
> (51 mm x 51 mm)

Personal Information (인적사항)

1. Full Legal Name (영어 성명): _____
   First   Middle   Last

2. Name in Korean (한글 성명): _____   3. Gender (성별): ☐ Male   ☐ Female

4. Address (주소): _____
   Street   City   State   Zip   Country

5. Phone Number (전화번호): _____
   Home   Work   Mobile

6. e-mail Address (이메일): _____   7. Date of Birth (생년월일): ____ / ____ / ____
                                                            Month   Day   Year

8. Citizenship: ☐ U.S. Citizen   ☐ U.S. Permanent Resident   9. Social Security Number: _____

10. Are you an international student?   ☐ Yes   ☐ No   If yes, Country of Citizenship: _____

Family Information (가족사항)

11. Marital Status (결혼여부):   ☐ Single   ☐ Married   ☐ Other: _____

12. If Married, Name of Spouse (배우자 성명): _____
    First   Last   Date of Birth

Emergency Contact (비상 연락처)

13. Name: _____   Relationship: _____
    First   Middle   Last

    Phone Number: _____
    Home   Work   Mobile

Do you have health insurance? (건강 보험) ☐ Yes   ☐ No (If yes, provide insurance information)

14. Insurance Company: _____ Policy Number: _____

Church Information (출석 교회 사항)

15. Church Name: _____ Year Attended: _____

Address (주소): _____
Street   City   State   Zip   Country

Phone Number (전화번호): _____
Home   Work   Mobile

Name of the Senior Pastor: _____ Denomination (교단): _____

Are you baptized? (세례 여부)   ☐ Yes (If yes, Date:)   ☐ No

Position at Church (교회 직분)

16. ☐ Senior Pastor (담임 목사)   ☐ Associate Pastor (부목사)   ☐ EM Pastor (영어 목회 목사)   ☐ Youth Pastor (청소년 목회)
☐ Intern Pastor (전도사)   ☐ Pastor's Wife (목사 사모)   ☐ Missionary (선교사)   ☐ Elder (장로)   ☐ Kwonsa (권사)
☐ Ordained Deacon/Deaconess (안수집사)   ☐ Deacon/Deaconess (서리 집사)   ☐ Laity (평신도)   ☐ Other (기타):

Ministry / Volunteer Information (사역/봉사 현황)

17. Church Name: _____ Period: _____

Briefly describe your ministry: _____

Education History (학력사항: 최종 학력을 기입하십시오.)

18. School Name: _____ Locatio n: _____

Year Entered: _____ Year of Graduation: _____ Diploma / Degree Received: _____

I certify that the information I have provided throughout this application is complete and correct.

Signature: _____ Date: _____

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OFFICIAL USE ONLY

☐ Accepted   ☐ Conditionally Accepted   ☐ Not Accepted

Faculty Signature: _____ Date: _____