ENROLLMENT APPLICATION

	DATE:			
Name: (Last)	(First		(MI)	
Address: (City)		(State)	(Zip)	
Phone: (Home)	(Work)	(Fax)		
Social Security #:		_Date of Birth:		
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BACK	GROUND INFORM	IATION		
Present Occupation:				
How Long:	_Employer:			
Address:				
You Have Been a Christian _	Years Year Grad	luated High S	chool:	
Year Graduated College:	Degree/Major:			
Name of Academic Institution	1:			
Are You an Ordained Ministe	er:Yea	r Ordained:		
Your Denominational Prefere	ence:			
Name of Local Church:				
Pastor's Name/Address:				
Friend or Relative:				
Address:				
How did you hear about Abu	ndant Life Christian Counselin	ng Services/Nat	tional Christian	
Counselors Association?				

I am enclosing \$300 for the Basic Apprenticeship consisting of six hours of training.

- I am enclosing \$150 and agree to pay the balance of \$150 after completion of my first three hours of Basic Apprenticeship.
- I am enclosing \$900 for Advanced apprenticeship consisting of thirty (30) hours of training.

I am enclosing \$300 for the first 10 hours of Advanced Apprenticeship and agree to pay \$300 for the second 10 hours and \$300 for the third 10 hours.

TYPE OF PAYMENT

Check or Money Order			
□ MasterCard	Amount: \$Expiration Date:		
□ Visa			
Name (Print exactly as on card):			
Card #:		())
Signature:		3 digit security code	e
		on back of card	

I understand that my fees are not refundable under any condition, and it is my responsibility to follow through on all my Basic and/or Advanced training sessions, including scheduling appointments with my clinical supervisor.

DATE: _____ Applicant Signature: _____

RETURN APPLICATION TO:

Abundant Life Christian Counseling Services 520 W. Tri-County Blvd. Oliver Springs, TN 37840 865-435-5706