

# AENON

M.E.T.S.

Ministerial Enhancement Training Seminary  
CCAF Campus, 1200 Brentnell Avenue ~ Cols. OH 43219

## STUDENT APPLICATION FORM

PRINTED Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I.

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Last 4 Digits of SS#: \_\_\_\_\_

### CHURCH INFORMATION

Pastor's Name/Title: \_\_\_\_\_

Your church Name: \_\_\_\_\_

### PREVIOUS EDUCATION

High School Graduate? \_\_\_ Yes \_\_\_ No GED? \_\_\_ Yes \_\_\_ No

High School Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduation Year \_\_\_\_\_

College/University Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note:*

*The required One Time Aenon Student's Application Fee and a copy of this form will be sent to Aenon for it's file by the Dean or official staff member of M.E.T.S.  
A copy of this application will be maintained in the M.E.T.S. office.*

