



Anglican Institute *for* Affirmative Christian Studies

APPLICATION FOR ADMISSION

EVANGELICAL ANGLICAN CHURCH IN AMERICA

General Information				
Ms., Mrs., Mr.	Last name	First Name	Middle Initial	Jr., Sr., etc.
Former Name		Date of Birth (MM/DD/YYYY)	Social Security Number	
Mailing Street Address				
City		State	Zip or Postal Code	Country
Area Code & Telephone Number				
Current Employment				
Name of Current Employer (will not be contacted)				
Address				
City		State	Zip Code	Country
Present Position		How Long in Present Position?		
Employment History				
MO/YR – MO/YR	Employer	Position	Reason for Leaving	

AIACS Program Information

___ EACA Registered Candidate (Please Read & Sign **FORM A** Enclosed.)

___ Non – EACA Candidate Denomination: _____

___ Non – EACA Candidate for Spiritual / Educational Growth

Colleges, Universities & Seminaries (Note Denomination) Attended

Dates	Name of College or University	Academic Focus	Diploma or Degree	GPA

Religious Background

Present / Former Church Affiliation:

Current Church Attending:

Present / Former Ministries / Activities

Dates

MO/YR	Sacrament	Officiator	Church
	Baptism		
	Confirmation		
	Marriage		
	Holy Orders		

Please Respond to the Following Questions

Have you ever been arrested? ___ No ___ Yes. If yes, please explain:

Have you ever been convicted of a felony? ___ No ___ Yes. If yes, please explain:

Are you currently in treatment for or recovery from addiction? ___ No ___ Yes. If yes, please explain:

Students and Postulants are encouraged to receive psychological counseling while in the program.
Have you ever received, or are you currently receiving counseling? ___ No ___ Yes. If yes, please explain:

Comments

Please tell us about why you desire to enter Holy Orders in the EACA. Attach additional sheets as needed. If you are a candidate for ordination in another denomination, or are not pursuing ordination at all, please tell us more about why you are interested in taking courses from AIACS.

Signature & Date

**I hereby certify that the above statements are true and correct to the best of my knowledge.
I understand that submission of false information may result in dismissal from AIACS.**

Signature

Date

The Registration Fee is \$25.00, payable by check or money order made out to **EACA**.
Please send your completed, signed application and payment to:

**Rev. Fr. Kevin B. Champion
P.O. Box 1683
Shelby, NC 28151**