

# METHODIST THEOLOGICAL SCHOOL

## Short-term Missions School

### \*Application Form\*

**(I) Personal Information**

Name: \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)

Sex: \_\_\_ Dialect: \_\_\_\_\_ I.C. NO: \_\_\_\_\_ Birth-Date: \_\_\_\_\_

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

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P)

Academic Qualification: \_\_\_\_\_ School: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_ Email: \_\_\_\_\_

Ministry Involvement: \_\_\_\_\_

Gifts/Talents/Interests: \_\_\_\_\_

Financial Resource: Church RM \_\_\_\_\_ Self-Support RM \_\_\_\_\_

Church member RM \_\_\_\_\_ Others RM \_\_\_\_\_

I have read through the information of application, especially the "Qualification".

Applicant Signature: \_\_\_\_\_

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

**(II) Parental Consent**

I (Father/Mother/Guardian) \_\_\_\_\_, by God's help, am willing to let (son/daughter or \_\_\_\_\_)

\_\_\_\_\_ become a student of MTS Short-term Missions

School, to be equipped spiritually, physically, socially and mentally so as to become a genuine Christian.

Parental Signature: \_\_\_\_\_

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

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P)

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

**(III) Pastor's Recommendation**

I \_\_\_\_\_ would like to recommend \_\_\_\_\_ to be MTS Short-term Missions School student. I have the following knowledge about the applicant.

				<u>Please state if necessary</u>
(1) Health	<input type="checkbox"/> Good	<input type="checkbox"/> OK	<input type="checkbox"/> Not Good	_____
(2) Spiritually	<input type="checkbox"/> Strong	<input type="checkbox"/> Medium	<input type="checkbox"/> Weak	_____
(3) Desire to serve	<input type="checkbox"/> Strong	<input type="checkbox"/> Medium	<input type="checkbox"/> Weak	_____
(4) Ability to understand	<input type="checkbox"/> Strong	<input type="checkbox"/> Medium	<input type="checkbox"/> Weak	_____
(5) Character	<input type="checkbox"/> Getting along with people	<input type="checkbox"/> Some-time getting along with people	<input type="checkbox"/> Loner	_____
(6) Self-discipline	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Not Good	_____
(7) Others	_____			

Pastor's Signature: \_\_\_\_\_

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

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P)

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

Church: \_\_\_\_\_