

**Application for Admission**  
**West Virginia School of Preaching**  
P.O. Box 785  
Fourth and Willard Avenue  
Moundsville, WV 26041

(Please include identification photograph) \_\_\_\_\_ Date of Application \_\_\_\_\_

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

3. Place of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

4. I agree to a personal interview (along with my wife, if married) with the Director of the School and an Elder of the church from Hillview Terrace prior to my being accepted for admission. \_\_\_\_\_

5. Education grade level attained \_\_\_\_\_

6. Name of schools (or colleges, if any) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Have you had to withdraw from any school or college? \_\_\_\_\_

If "yes" please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Type(s) and place (s) of employment for the last three years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Marital Status \_\_\_\_\_

Please explain fully any divorced status \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Wife's name \_\_\_\_\_ Number of dependents \_\_\_\_\_

10. If married, what are your wife's feelings about you attending the West Virginia School of Preaching and devoting your life to preaching the gospel? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. When were you baptized? \_\_\_\_\_ By whom? \_\_\_\_\_  
Where? \_\_\_\_\_  
If married, when was your wife baptized? \_\_\_\_\_ By whom? \_\_\_\_\_  
What congregation are you currently attending? \_\_\_\_\_

12. What experience do you have in the work of the church? \_\_\_\_\_  
\_\_\_\_\_

13. Could you handle a preaching appointment, if such were available? \_\_\_\_\_  
Could you lead singing for a congregation, if invited? \_\_\_\_\_

14. Do you use tobacco? \_\_\_\_\_ If so, will you quit before entering school? \_\_\_\_\_

15. Do you use alcohol or drugs? \_\_\_\_\_ If so, will you quit before entering school? \_\_\_\_\_

15a. Have you used alcohol or drugs in the past? \_\_\_\_\_ If so, how long have you been free of them?  
\_\_\_\_\_

16. Do you have any physical handicap which might hinder you as a gospel preacher? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

17. Do you have any medical or psychiatric conditions that may require treatment while in school? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

18. Have you served in the military? \_\_\_\_\_ Honorably discharged? \_\_\_\_\_

19. Financial Information: The West Virginia School of Preaching does not charge tuition or fees. Students are responsible for their own living expenses, books, and materials. Please refer to the "Student Support" and "Tuition and Cost of Living" sections of our website for additional information.

20. References: List one preacher, one elder and one Christian business man of the business community; each of whom has known you for at least two years. Give the complete mailing address for each reference. Do not include relatives.

a. Preacher:      Name: \_\_\_\_\_  
                         Address: \_\_\_\_\_  
                         City, State, Zip: \_\_\_\_\_  
                         Phone Number: \_\_\_\_\_  
                         email address (if available): \_\_\_\_\_

b. Elder:            Name: \_\_\_\_\_  
                         Address: \_\_\_\_\_  
                         City, State, Zip: \_\_\_\_\_  
                         Phone Number: \_\_\_\_\_  
                         email address (if available): \_\_\_\_\_

c. Christian businessman:      Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   Phone Number: \_\_\_\_\_  
   email address (if available): \_\_\_\_\_

21. Date you plan to enroll \_\_\_\_\_

22. Why WVSOP? \_\_\_\_\_  
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