KARUNYA BIBLE INSTITUTE INTERNATIONAL

(Karunya Gospel Ministries)

Student Ministry Application & Evaluation Report

Personal and Ministry Information

Name of the Student: .....

Course Requesting: .....

Registration Number: .....

Academic Year: .....

Name of Your Ministry/Church: .....

Year of Establishment of Ministry: .....

Number of Congregations: .....

Your Position in Ministry/Church: .....

Years of Experience in Ministry: .....

Gifts and Talents: .....

Family Information

Marital Status: .....

Spouse Name: .....

Marriage Date: .....

Children:

1. .....

2. .....

3. .....

4. .....

Spiritual Leadership and Mentorship

Spiritual Leader/Mentor's Name: .....

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Ministry Goals and Vision

Your Goals in the Ministry:

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Your Vision for Your Ministry:

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Contact Information

Church Address:

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Residence Address:

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References

Two References (Email Address, Telephone Number, and Ministry Addresses):

1. .....

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2. .....

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A) **Please provide two written, signed references and attach them to your submission.**
B) **Ensure you have read and provided all the information as requested in the Course Outline & Expectations Document. Incomplete applications will not be processed.**

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Evaluator's Comments (Internal Use Only)

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Signatures

Signature of the Student: .....

Signature of the Director/Dean: .....