

# IOWA SCHOOL OF MINISTRY

## ENROLLMENT FORM

**Personal Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Church Information:**

Pastor's Name: \_\_\_\_\_  
 Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Your Ministry Involvement: \_\_\_\_\_  
 Reason for Enrolling in ISOM: \_\_\_\_\_

If your goal is to obtain a credential with the Assemblies of God,  
 please state why you feel a credential would benefit your ministry:

\_\_\_\_\_

\_\_\_\_\_

Senior Pastor's reference/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Senior Pastor's Signature

I fully understand and agree with the stated policies of the Iowa School of Ministry. I further understand that completion of any of the levels of study is only a first step toward fulfilling the educational requirements and does not automatically qualify me to receive a credential with the Assemblies of God.

\_\_\_\_\_  
 Please Print Name

\_\_\_\_\_  
 Signature

**ISOM:**

Equipping spiritual leaders through  
 academic development and  
 encouraging relationships.

**Enrollment Fee:**

\$25 One Time Fee  
 Due with enrollment form

**Instruction available for the following:**

Certified Minister  
 License  
 Ordained

**ISOM Board of Administration**

Rev. Tom Jacobs	Chairman
Rev. Gary Pilcher	President
Rev. Cary VanKampen	Registrar

**Board Members:**

Rev. Richard Arrowood  
 Rev. Guy Fisher  
 Rev. Jonathan Barthalow  
 Rev. Don McGarvey  
 Rev. Dennis Niles



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