## HONORARY DOCTOR OF DIVINITY APPLICATION FORM

(PLEASE PRINT CLEARLY)

| Full legal name: |          |                |
|------------------|----------|----------------|
| Mailing Address: |          |                |
| City:            | _ State: | Zip:           |
| Business Number: | (        | Cell Phone:    |
| Email Address:   |          | Date of Birth: |
| Name of Pastor:  |          |                |
| Name of Church:  |          |                |
| Church Address:  |          |                |
| City:            |          |                |

## Attach your resume:

- 1. Include experience in the gospel ministry
- 2. Include service in the gospel ministry