

SEMINARIAN INFORMATION

Date: _____

Name _____

Name of Seminary _____

Preferred Mailing Address _____ Male ()

City, State, Zip _____ Female ()

Email: _____ Phone: _____

Expected date of graduation ____/____/____ Degree Program _____

Please circle ethnic group (for statistical use only):

African American Asian Caucasian Hispanic Native American Other

Membership Church _____

City/State _____

Denomination of Church:

___ American Baptist ___ National Baptist ___ Progressive Baptist ___ Other

___ I have an ABPS packet. I would like a packet in: ___ English ___ Spanish

FOR OFFICE USE

Rec # _____

CHPin # _____

Region _____

INST # _____

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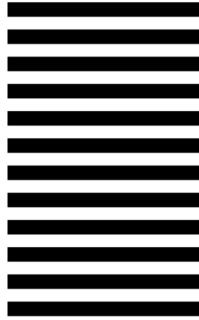


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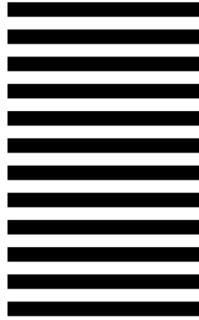


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