

Transitional Pastor Training Application

LifeWay Christian Resources
www.lifeway.com/tp

Date of training you would like to attend: ____/____/____

Training **location** you would like to attend _____

Please return completed copy to: Pastoral Ministries and Church Consulting
LifeWay Christian Resources
One LifeWay Plaza
Nashville, TN 37234-0157

General Information:

Name: _____

Address: _____

Phone number: _____ (H) _____ (W)

Email address: _____

Wife's name: _____ Number of years married: _____

Educational Background:

College/University: _____

Degree earned: _____ Year _____

Seminary: _____

Degree earned: _____ Year _____

What do you intend to do with this training?



Professional Experience:

Please list the ministry positions you have held to date in your ministry. Include the name of the church or institution; your title; city and state; and length of service.

Name of your association: _____

Director of Missions: _____

Address: _____

Phone number: _____

Email address: _____



Personal Information:

Please share your salvation testimony.

Briefly share your call into the ministry.

Briefly share your philosophy of ministry.

Mail completed applications with **\$100 nonrefundable deposit** for approval to:

LifeWay Pastoral Ministries and Church Consulting

One Lifeway Plaza
Nashville, TN 37234-0157

The **remaining \$300 is due upon arrival** by check (payable to LifeWay Christian Resources) or cash (no credit cards).

