



# G W S Christian Counseling Institute

## Enrollment Agreement

“Mentoring and counseling people God’s way:  
for service, victorious living, and Godly change.”

I want to enroll in program number:    \_\_ 1                    \_\_ 2                    \_\_ 3                    \_\_ 4                    \_\_ 5

Name \_\_\_\_\_  
(please print for certificate)

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_ Male \_\_ Female  
                  mo.        day        yr.

Address \_\_\_\_\_  
                                  Street or P.O. Box

\_\_\_\_\_ U.P.S. Shipping Address

\_\_\_\_\_ City                    State                    Zip

\_\_\_\_\_ City                    State                    Zip

Telephone: Home (    ) \_\_\_\_\_

Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Email \_\_\_\_\_

I have been a Christian for \_\_\_\_\_ years. I graduated high school in \_\_\_\_\_, or received my GED in \_\_\_\_\_ (Indicate yr. & selection)

Did you graduate from college?    \_\_ Yes \_\_ No    Name of College? \_\_\_\_\_

What was your Major? \_\_\_\_\_

Doctorate degree?                    \_\_ Yes \_\_ No    Name of College? \_\_\_\_\_

What was your Major? \_\_\_\_\_

Have you ever been convicted of a felony?    \_\_ Yes \_\_ No    If yes, explain in detail and attach.

Are you a licensed, commissioned or ordained minister?    \_\_ Yes \_\_ No    Year licensed/commissioned/ordained: \_\_\_\_\_

Denomination: \_\_\_\_\_    My spouse’s name is: \_\_\_\_\_

My current occupation is: \_\_\_\_\_

**Questionnaire for Enrollment**

Please respond (on a separate sheet) to the following questions and return with your Enrollment Agreement.

1. Why do you want to be a counselor?
2. What formal/informal training in counseling have you had?
3. Why do you believe that this program will be of benefit to you?
4. Do you have questions in dealing with people with spiritual or emotional problems?
5. What are your goals for a counseling ministry?
6. How do you know that you are called/suited for the counseling ministry?

**Additional Requirements**

All candidates must provide the GWS with the following prior to completion of program:

1. A copy of the highest diploma, certificate or degree earned and related manuscript. Needs to accompany this application.
2. A current resume including any background in counseling or areas of interest in counseling and a recent photo.
3. Proof of Ordination or Minister’s License in the form of a photo-copy or official letter. (If applicable.)
4. Three reference forms (provided by GWS with first course.
5. A letter of reference from your pastor or an elder

**NOTE: The Candidate Evaluation Committee will not recommend anyone for certification or license whose student file is incomplete. GWS will conduct a background check on all candidates prior to awarding the license.**

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**Refund Policy**

GWS tries to be more than fair to the candidate who enrolls in a program and then, for some reason, needs to discontinue their candidacy. We certainly do not believe that an individual should be charge for service, or for training, which they have not received. Therefore, we hope to exceed normal standards with regard to fairness toward our students as outlined herein.

The enrollment fee of \$75.00 will be refunded in full if the applicant is not admitted into the training program by the Evaluation Committee. However, once accepted as a candidate by the Evaluation Committee, the enrollment fee is no-refundable.

If a course is returned to the GWS’s headquarters in good (resalable) condition within fifteen (15) days of the date it was shipped, the entire tuition for the course, less a \$25.00 restocking fee, will be refunded within thirty (30) days from the receipt of the course.

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**Please Tells Us How You Were Introduced to GWS’s Ministry:**

I completed the course Creation Therapy through \_\_\_\_\_ GWS directly  
\_\_\_\_\_  
Name of Representative or School

I first heard about the GWS Christian Counselors Institute from:

\_\_\_ Internet     \_\_\_ Pastor     \_\_\_ Friend

**Method of Payment for US and Foreign Applicants**

All payments will go through PayPal only. Directly through: [www.godswayservices.org](http://www.godswayservices.org) / GWS Christian Counseling Institute billing link. After payment is received you will be sent your Phase and course material.

Course Supplemental Format Preference: \_\_\_ DVD     \_\_\_ VHS

\_\_\_\_\_ **Referred by (Name of Individual)** \_\_\_\_\_

\_\_\_\_\_ **Other (Please specify)** \_\_\_\_\_

I have read, fully comprehend, and accept GWS'S policies and procedures. I understand that before I can receive my certification or license, my entire tuition must be paid in full and that all required documents must be submitted.

Date: \_\_\_\_\_

Signature of Prospective Candidate: \_\_\_\_\_

Return Enrollment Agreement to:

GWS Christian Counseling Institute - 2113 Morgan Johnson Road - Bradenton, FL 34208 - (941)348-9983