

GWS CHRISTIAN COUNSELING INSTITUTE

ENROLLMENT AGREEMENT

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

Name _____
(Please print for certificate)

Social Security # _____ Date of birth _____ / _____ / _____ Male Female
Mo. Day Year

Address _____
Street or P.O. Box U. P. S. Shipping Address

City State Zip City State Zip
Telephone: Home () _____ Work () _____

Cell () _____ Fax () _____ E-mail _____

Please complete the Following Statements

Course Supplemental
Format Preference

I have been a Christian for _____ years. I graduated from high school in _____ (year)

DVD Book

Did you graduate from college? Yes No If yes, give year, degree earned and major from:

(Name of College or University)

Do you hold a Masters Degree? 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, please 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: _____

Option 1 I am authorizing my enrollment fee through PayPal to GWSChristianCounseling.Institute, in the amount of \$75.00. And if my application is approved. I also understand that I will

Option 2 I am enclosing my personal check in the amount of \$. I will pay for each invoice within 30 days. I understand that the N.C.C. A. Will ship two (2) courses at a time, unless otherwise instructed.

Foreign applicants must submit payment through PayPal directly to GWS Christian Counseling Institute.

Questionnaire for Enrollment

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

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 experience 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 G.W.S. Counseling Institute with the following prior to completion of the program:

1. A copy of the highest diploma, certificate or degree earned and related transcript. **Needs to accompany the 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 references (provided to the N.C.C.A. with first course.)
5. A letter of reference from your pastor or an elder in your church.

NOTE: The candidate Evaluation Committee will not recommend anyone for certification or license whose student file is incomplete. N.C.C.A. will conduct a background check on all candidates prior to awarding a license.

Refund Policy

The G.W.S. 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 charged for a 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 by the Evaluation Committee. However, once accepted as a candidate by the Evaluation Committee, the enrollment fee is non-refundable.

If a course is returned to the N.C.C.A.'s headquarters in good (resalable) condition within (15) days of the date it was shipped, the entire tuition for the course, less \$25 restocking fee, will be refunded within (30) days from receipt of course.

Please Tell Us How You Were Introduced to G.W.S.'s Ministry

- I completed the course Creation Therapy through S.A.C.C. (Directly)
- _____
Name of Representative or School
- I first heard about the G.W.S. Christian Counseling institute from: Internet Pastor Friend
- Referred by (Name of individual) _____
- Other (Please Specify) _____

I have read, fully completed, and accept G.W.S.'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:

G.W.S. Christian Counseling Institute
4950 Victoria Avenue, Sarasota, Florida 34233
Psalm3311@GWSCounselingInstitute
(833)GWS-AMEN - (833)497-2636