

Woman 2 Woman Mentoring Institute

P.O. Box 700 / Cordova, Tennessee 38088
Phone: (901) 755-1540 ext. 100 / Fax: (901) 737-7953

(Keep page 1 for your information)

Application for Admission

Please fill out page 2 & 3 and return to the address below **Attn: Pastor Darlene McCarty** along with your \$50 deposit. If you are using a Credit Card you can either fax or mail this application to the address below. *Keep page 1 for your records.*

Letters of Recommendation

Three letters of recommendation must be submitted in order for your file to be completed. A letter should be submitted by the following:

- Senior Pastor – must submit on church letterhead
- Two other individuals, unrelated to you that have known you for the at least two years.

Letters of Recommendation: Please send your letter directly to **Pastor Darlene McCarty**.

Autobiographical Description

On a **SEPARATE SHEET** of paper please answer the following essays: (*approx. 1 page in length each*)

1. Describe your Christian experiences both past and present. (250-400 words)
2. Describe experiences and people who have significantly influenced your life. (250-400 words)
3. Explain your ministry, goals, and mission statement.
4. What do you hope to achieve by attending this Mentoring Institute? (250-400 words)

Tuition: \$225

Includes:

- Ministry material
- Leather portfolio
- Anointing oil
- Prayer shawl
- Meals (including Banquet)

A non-refundable, but transferable to future W2WMI deposit of \$50 must accompany this application.

The remaining tuition is due as follows:

\$100 - 60 days prior to the beginning of class.

Remaining \$75 – 30 days prior to the beginning of class.

Confirmation

Once all information is received your file will be reviewed and you will be notified by letter through regular mail or e-mail for further instructions. Included in your acceptance letter will be information about what type of housing we have available.

For More Information

Woman 2 Woman Mentoring Institute

Attn: Pastor Darlene McCarty

P.O. Box 700

Cordova, Tennessee 38088

Phone: (901) 755-1540 ext. 100 / Fax: (901) 737-7953

e-mail: darlene@darlenemccarty.com / website: www.darlenemccarty.com

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(Return this form with deposit)

Application for Admission

Today's Date _____

Instructions

Please fill out page 2 & 3 and mail **ASAP**. Your four essays and referral letters **DO NOT** need to accompany this application. They can be mailed in separately. It is important for our office to receive this application to reserve your place at the W2WMI.

Personal Information

Full Legal Name _____

Name You Wish To Be Called _____

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Fax _____

Work Phone _____ Cell Phone _____

E-mail Address _____ Age _____

Current Occupation _____ Marital Status _____

Spouse's Name _____

Academic History

List: High School, Universities/Colleges, Seminaries, Graduate School, etc.

Name of Institution	City/State	Degree Attained	Dates

Church Information

Present Church Membership _____

Specific Denominational Affiliation (if any) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Senior Pastor _____

Years Attended _____

Do you feel a definite call to ministry? ____ Yes ____ No ____ Full-Time ____ Part-Time

If yes, to what field of ministry do you feel called? _____

Current Position held in the church you presently attend _____

Please state any type of Christian service in which you have been involved within the past 5 years.

What is your primary spiritual gifting? (Ex: teaching, prophecy, intercession, organization, armor-bearer, serving, etc) _____

Financial Information

Who will be responsible for the payment of your tuition? _____

FILL IN ONLY IF DIFFERENT THAN YOURSELF:

Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____

Cell _____ E-mail _____

Payment

Option 1: ____ *I wish to pay my tuition in full:* **Amount:** \$225.00 ____ Cash ____ Check ____ Credit Card

Option 2: *Deposit payment:* ____ Cash ____ Check ____ Credit Card **Amount:** \$50.00

Remaining Balance Payment: ____ Cash ____ Check ____ Credit Card

60 days prior to W2WMI **Amount:** \$100.00 30 days prior to W2WMI **Amount:** \$75.00

Credit Card Type: ____ Visa ____ MasterCard ____ American Express ____ Discover

Credit Card Number: _____ Expiration Date: _____

Security #: _____

Billing Address for Credit Card (If different than address listed above or on page 2)

First Name _____ Last Name _____ Phone Number (____) _____

Address City _____ State _____ Zip _____

Signature

I hereby certify that the information given on this application is, to the best of my knowledge, true and factual. I understand that any false statement made on this application is automatic grounds for rejection or denial from The Woman 2 Woman Mentoring Institute.

Signature _____ Date _____