

J. HAROLD SMITH BIBLE INSTITUTE & PASTOR TRAINING CENTER
Application Form
A Ministry of Radio Bible Hour

Mail to Smith Center, Radio Bible Hour, PO Box 99, Newport, TN 37822 or fax to (423) 623-9934

Name: _____
Last First MI Preferred Mr./Rev./Dr.

E-mail Address: _____

Permanent Address: _____
Street City State ZIP

Permanent Phone #: (_____) _____ Cell Phone #: (_____) _____
Area Code Number Area Code Number

Ordained? Y or N Denominational preference: _____

Home church: _____ Pastor or DOM's name: _____

Education

High School: _____
From To Did you graduate? YES NO

College: _____
From To Did you graduate? YES NO
Degree: _____

Other: _____
From To Did you graduate? YES NO
Degree: _____

Church Service

Church name: _____ Position: _____
From To

Church name: _____ Position: _____
From To

Church name: _____ Position: _____
From To

I hereby apply for admittance to the Smith Center and affirm my commitment to God's call on my life's ministry.

Signed Date

J. HAROLD SMITH BIBLE INSTITUTE & PASTOR TRAINING CENTER
A Ministry of Radio Bible Hour

Written Testimony of Salvation and Personal Call to Ministry
(To be completed by applicant)

J. HAROLD SMITH BIBLE INSTITUTE & PASTOR TRAINING CENTER
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Letter of Recommendation from
Pastor, Director of Missions, or Chairman of Deacons

(To be completed by pastor and mailed separately from the application form to the Smith Center, Radio Bible Hour, PO Box 99, Newport TN 37822 or faxed to (423) 623-9934)

Church: _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Pastor Signature

Date

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Letter of Recommendation from
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Church: _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Pastor Signature

Date

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Church: _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Pastor Signature

Date