

American Fellowship of Cowboy Churches Ministry Development Certificate Program

(Application for Instructor)

NOTE: Only higher education institutions which are regionally accredited (e.g., SACS, ATS. etc.) and recognized by CHEA are applicable. Please do not list institutions or degrees not duly accredited.

PLEASE PRINT OR TYPE UNLESS OTHERWISE INSTRUCTED

Name: _____ (M / F) DOB: ____ / ____ / ____.

Mailing Address: _____.

Phone Number: (____) ____ - ____ . Email: _____.

Education (See vetting forms for minimum GPA requirements for Master's & Doctorate levels)

Undergraduate Institution: _____.

Major: _____. Minor: _____. Total Bible/Theology hrs: _____.

Master's Degree Institution: _____.

Degree: _____. Concentration: _____.

Master's Degree Institution: _____.

Degree: _____. Concentration: _____.

Doctorate Degree Institution: _____.

Degree: _____. Concentration: _____.

Doctorate Degree Institution: _____.

Degree: _____. Concentration: _____.

Total number of years as a **senior** pastor: _____.

List both Pastoral & Ministry Staff Experience:

Briefly describe why you are interested in teaching in the AFCC certificate program: _____

Circle & number your top three choices among the following courses you are interested in teaching:

Foundations Level:

- How We Got Our Bible
- Principles of Biblical Interpretation
- Christian Doctrine
- Hands on Ministry Toolbox & Biblical Servant Leadership

Advanced Level

- Spiritual Formation
- Ecclesiology
- Worldviews Infiltrating Your Church
- Current Issues Facing the 21st-Century Church

Advanced Intensive

- Christianity/Atheism & Creation/Evolution
- Politics and the Church & Christian Ethics
- Great Leaders
- Great Books

In your own words, write or type a one sentence philosophy of teaching: _____

In your own words, write or type a one sentence philosophy of ministry: _____

In your own words, write or type a one sentence philosophy of leadership: _____

List other academic awards and professional accomplishments related to teaching: _____

Please list four character/teaching references (Please Print):

1. Name: _____ . Number: (_____) - _____ .
2. Name: _____ . Number: (_____) - _____ .
3. Name: _____ . Number: (_____) - _____ .
4. Name: _____ . Number: (_____) - _____ .

I, _____ (please print) do hereby give American Fellowship of Cowboy Churches and, or the Directors of the Ministry Development Certificate Program and the MDCP Review Team permission to run a full criminal background check on my person, as well as contact the references listed above.

Signed: _____ . Date: ____ / ____ / ____ .

Please submit application to mdcp@americanfcc.org

AFCC MDCP Review Team Only:

Date Application Received: ____ / ____ / ____ .

Date of follow-up call by Director or RT member: ____ / ____ / ____ .

Date of personal interview: ____ / ____ / ____ . Place of Interview: _____ .

Signatures of interviewers: