

College Student Information Form

Name: _____ Date of Birth: _____

E-Mail: _____ Phone #: _____

College/ University Attending: _____ Expected Graduation Date: _____

Major/ Concentration: _____ Church Affiliation: _____

Would you like information about scholarships available within the denomination?

YES

NO

Would you like information from ACGC about ministry opportunities that are available to college students (Camps, Mission trips, Summer Ministry)?

YES

NO

Would you be interested in participating in an ACGC facilitated internship (AIMS)?

YES

NO

If you answered YES to the previous question, please check the area of ministry/ professional development you would like to focus on in an ACGC facilitated internship.

Church Planting

Missions/ Outreach

Student Ministry

Counseling

Para-Church Ministry

Worship

Discipleship Ministry

Pastoral Ministry

Other: _____

Are there any other ways that ACGC can assist you as you continue your education (please explain)?

