



Global/REAP School of Discipleship Application

Welcome to Global/REAP, School of Ministry, a partnership between Global University and REAP International (Roever Educational Assistance Programs International).

Legal Last Name: _____ Legal First Name: _____

Preferred Name: _____ Email Address: _____

Phone Number: _____ Gender (circle one) Male Female

Street Address: _____

City, State, Zip & Country: _____

What is your preferred Language: (circle one) English Spanish?

If another language would be helpful, please provide the language: _____

Birthdate: _____ Marital Status (circle one) Single Married Divorced Separated

Are you military or a first responder? (N/A, Air Force, Army, Fireman, Family Member)

Are you a member of a church? (circle one) Yes No

If you are a member of a church, please provide the church name, phone number and location (City/State) _____

What do you hope to receive from this program? _____

Are you interested in setting up a local Global/REAP Center, to help disciple others (please explain)? _____

What is your current Biblical/Ministry education level? _____

Who referred you to this program? Please provide their name and phone number/email address if available. _____

Academic Release Authorization

I authorize Global/REAP, REAP International (Roever Educational Assistance Program), my Registrar and Certified Instructor to view my Global University academic records. I authorize Global University to release my academic information from my official student record which is kept with Global University in Springfield, Missouri, until I contact Global/REAP and withdraw this authorization in writing.

Signature: _____

Program/Academic Clarification

I understand that ministerial credentials are not issued by Global University or Global/REAP.

I understand that the Christian Life Series and the Christian Service Series offered by Global/REAP through Global University are non-degree courses, which are calculated in Continuing Education Units (CEUs), not college credits and that it is my responsibility to verify the applicability of SED courses toward my educational Goals.

I understand that my completion of this study program does not guarantee my acceptance for any position by any church organization. I agree to adhere to the standards and policies published in the SED catalog.

Signature: _____

Mailing Address and Contact Information

Address

REAP International
PO BOX 136130
Ft Worth, TX 76136

Telephone Number

817-238-2000

Fax Number (attention of Global/REAP)

817-238-2048

Email Address

Globalreap.info@gmail.com