

## Ministry-Learning Credit Application

**PURPOSE:** *With the intention of helping Bethany students to “think globally & act locally” for the cause of Christ, ministry-learning credit is designed to challenge students to participate in ministry-learning that directly relates to making more disciples for Christ, while at the same time makes us more like Christ as well. This is accomplished by not only sharing the gospel in word, but just as importantly, in ACTION. We encourage all students to make a whole-hearted commitment, going above and beyond ministry credit, towards building God's Kingdom by serving faithfully throughout the year.*

**REQUIREMENTS:** *All students are required to be involved in ministry for [a minimum of] one semester for each school year they attend Bethany. To receive credit for ministry involvement, students must attend 80% of all preparation meetings and 80% of all activities/outreaches. Even if students are involved in ministry at their home church, they are required to complete this form and submit it to the Student Life Department to receive ministry-learning credit.*

### **STUDENT & MINISTRY INFORMATION:**

**(PLEASE PRINT)**

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Ministry \_\_\_\_\_ Fall  Spring   
Day of Week and Time of Ministry \_\_\_\_\_  
Church / Organization \_\_\_\_\_  
Church / Organization Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ ( ) \_\_\_\_\_

I have read the above paragraphs which describe the vision and guidelines for Ministry Credit and understand that to receive such credit, I have participated in at least 80% of the planning meetings and 80% of the activities/outreaches of my ministry team for at least one semester during this school year.

\_\_\_\_\_ Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Box # \_\_\_\_\_

### **MINISTRY SUPERVISOR SIGNATURE & INFORMATION:**

I acknowledge that the above student has fulfilled the requirements to receive Ministry Credit this year.

\_\_\_\_\_ Date \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

**(PLEASE PRINT)**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Ministry Position/Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ ( ) \_\_\_\_\_

MUST RETURN BY APRIL 25<sup>th</sup> TO THE OFFICE OF STUDENT LIFE