

TRANSFORMATIONAL BIBLICAL EDUCATION

# Family Christian Counseling Certificate Program

Application for Admission



**Admissions Office**  
(213) 388 -1000  
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500 Shatto Place #200  
Los Angeles, CA 90020

# FCC Certificate Program Application

Please check the appropriate box for the program you are applying for.  
(지원하는 해당 항목에 표시해 주십시오.)

Family Christian Counseling (FCC / 가정상담 사역자 수료증 과정)

\* Term/ Semester (지원하는 학기와 연도를 표시해 주십시오.) \*Year: \_\_\_\_\_

Fall Semester  Spring Semester  Summer Term

PHOTO

2 in x 2 in  
(51 mm x 51 mm)

### Office Use Only

Student ID # \_\_\_\_\_

I-20  F/A  OE

Audit  Visiting

C  N  R  T  TC

e-mail: \_\_\_\_\_  
@wmu.edu

Advisor: \_\_\_\_\_

## Personal Information (인적사항)

1. Full Legal Name (영어 성명): \_\_\_\_\_  
First Middle Last

2. Name in Korean (한글 성명): \_\_\_\_\_ 3. Gender (성별):  Male  Female

4. Address (주소): \_\_\_\_\_  
Street City State Zip Country

5. Phone Number (전화번호): \_\_\_\_\_  
Home Work Mobile

6. e-mail Address (이메일): \_\_\_\_\_ 7. Date of Birth (생년월일): \_\_\_\_\_  
Month / Day / Year

8. Citizenship:  U.S. Citizen  U.S. Permanent Resident 9. Social Security Number: \_\_\_\_\_

10. Are you an international student?  Yes  No If yes, Country of Citizenship: \_\_\_\_\_

## Family Information (가족사항)

11. Marital Status (결혼여부):  Single  Married  Other: \_\_\_\_\_

12. If Married, Name of Spouse (배우자 성명): \_\_\_\_\_  
First Last Date of Birth

## 13. Emergency Contact (비상 연락처)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Phone Number: \_\_\_\_\_  
Home Work Mobile

14. Do you have health insurance? (건강 보험)  Yes  No (If yes, provide insurance information)

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

15. Church Information (출석 교회 사항)

Church Name: \_\_\_\_\_ Year Attended: \_\_\_\_\_

Address (주소): \_\_\_\_\_  
Street City State Zip Country

Phone Number (전화번호): \_\_\_\_\_  
Home Work Mobile

Name of the Senior Pastor: \_\_\_\_\_ Denomination (교단): \_\_\_\_\_

16. Are you baptized? (세례 여부)  Yes (If yes, Date: \_\_\_\_\_)  No

17. Position at Church (교회 직분)

- Senior Pastor (담임 목사)  
  Associate Pastor (부목사)  
  EM Pastor (영어 목회 목사)  
  Youth Pastor (청소년 목회)  
 Intern Pastor (전도사)  
  Pastor's Wife (목사 사모)  
  Missionary (선교사)  
  Elder (장로)  
  Kwonsa (권사)  
 Ordained Deacon/Deaconess (안수집사)  
  Deacon/Deaconess (서리 집사)  
  Laity (평신도)  
  Other (기타): \_\_\_\_\_

18. Ministry / Volunteer Information (사역/봉사 현황)

Church Name: \_\_\_\_\_ Period: \_\_\_\_\_

Briefly describe your ministry: \_\_\_\_\_

19. Education History (학력사항: 최종 학력을 기입하십시오.)

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Year Entered: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Diploma / Degree Received: \_\_\_\_\_

I certify that the information I have provided throughout this application is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE ONLY

- Accepted  
  Conditionally Accepted  
  Not Accepted

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_