

Application

Please type or print in ink all information. The form must be completed in every detail.
Answer "N/A" for all items that do not apply to you.

Personal Information

Name _____
First Middle Last

Permanent Address _____
Street, Route, Box #

City _____ State _____ Zip _____

Phone (_____) _____ - _____ E-Mail Address _____

Date of Birth ____ / ____ / ____ Year of High School Graduation _____

T-Shirt Size _____ Musical Experience _____

Do you play an instrument? _____ Are you interested in CA Germany? _____

Church Membership Information

Home Congregation _____

Church Address _____

City _____ State _____ Zip _____

Church Phone (_____) _____ - _____ Year of Baptism _____

Year of Confirmation _____ Years as LCMS Member _____

Pastor's Name _____ LCMS District _____

"I, (Pastor): _____, give my recommendation

and approval for (Student): _____ to attend the

Christ Academy at Concordia Theological Seminary. He has shown interest in the

Academy and in learning more about theology and the Holy Ministry."

Signed: Rev. _____ Date ____/____/____

On a separate sheet of paper, please answer the following questions:

(Please fold and mail with application.)

1. What does the Gospel mean to you?
2. How does the Holy Spirit work in your life?
3. Why do you seek to attend Christ Academy?

Please return this form to:

Admission/Christ Academy Registration
Concordia Theological Seminary
6600 North Clinton Street
Fort Wayne, Indiana 46825-4996