

Application for Two-Year Church Residency



First Name _____ Last Name _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email Address _____

Cell Phone Number _____ Other Phone _____

College/University _____ Major _____ Cumulative GPA _____

In your own words, why are you applying for a two-year residency program with the Florida District?

What do you hope to gain from this experience?

Are you married or single? Do you have children? If so, how many and what are their ages?

What do you see yourself doing in ministry after your two-year residency?

If you are single, would you like to live with others in a community housing arrangement during your residency?

What amount of student loan debt will you have when you enter our residency program?

What amount of Wesleyan Loan Grants do you have? _____ Have you started paying on them yet? _____

The Florida District of The Wesleyan Church

a missional multiplication movement

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