



Mission Training Center (MTC)

EQUIPPING APPRENTICES OF JESUS FOR ACTIVE MINISTRY IN THE FIELD

www.MissionTrainingCenter.com ♦ MTC@MissionTrainingCenter.com

MTC Application

MTC admits students of any race, color, and national or ethnic origin.

Name: _____ Phone: _____ Birthdate: _____

Address: _____
Street City State Zip

Email: _____

Home Church (Name, City, State): _____

Home Pastor's Name: _____ Email: _____

How long have you regularly attended your church?: _____

If LCMS, what District is it in?: _____ If not LCMS, what denomination is it? _____

Why are you interested in taking MTC courses (choose one):

To prepare to become a Licensed Deacon in a district of the Lutheran Church-Missouri Synod (LCMS)
Please provide the name and email contact of your Supervising Pastor:

Name: _____ Email: _____
(If different than Home Pastor above)

To prepare for entrance into the SMP (Specific Ministry Pastor) program in the LCMS

To prepare for entrance into the EIIT (Ethnic Immigrant Institute of Theology) program in the LCMS

To prepare for entrance into a future training institution

To prepare for service in my church's larger organization (synod, district, headquarters, judicatory)

To prepare for attaining another recognized designation in a congregation

Recognized Designation Title: _____

To prepare for ministry in my community/faith community/congregation; for my own personal development

None of the above/Other: _____

MTC encourages all students to have leaders in their faith community/congregation who support them in their training and studies. In addition to your pastor, please include the name of a congregational leader who fills this role:

Name: _____ Email: _____



MTC teaches its courses through the lens of God’s mission. What Biblical, missional courses or leadership training have you taken and/or led or taught for others?

Taking courses with MTC indicates you also have a passion for God and His mission. Please use this space and/or a separate piece of paper to 1) describe some of your ministry and missional work and activities, and 2) explain why you feel God is calling you to this missional training.

Applicant’s Signature (typed signature acceptable if emailing)

Date

Please save this form and email it as an attachment to MTC@MissionTrainingCenter.com. If you are not able to save and email the form, you may print it and mail it to the address below. In addition, if paying the **one-time \$30.00 application processing fee** by check, please mail it, payable to **PSD-LCMS** with **“MTC App”** on the Memo line, to:

Mission Training Center
c/o Pacific Southwest District-LCMS
1540 Concordia Drive East
Irvine, CA 92612-3203

If you have any questions, please contact MTC@MissionTrainingCenter.com.