



# Mission Training Center

TRAINING GOD'S PEOPLE TO ACTIVELY AND CONFIDENTLY PARTICIPATE IN GOD'S MISSION

www.missiontrainingcenter.com ♦ mtc@missiontrainingcenter.com

## MTC Application

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

Today's Date: \_\_\_\_\_

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 Lay 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 a future training institution for \_\_\_\_\_

- 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: \_\_\_\_\_

### The list of courses I intend to take:

- Is listed on MTC's "Tracks & Resources" web page for my District/Organization
- Will be sent with this application

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.**

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**Applicant’s Signature** (typed signature acceptable if emailing)

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**Date**

Please save this form and email it as an attachment to [MTC@MissionTrainingCenter.com](mailto:MTC@MissionTrainingCenter.com) or print it and mail it to the address below. The **one-time \$30.00 application fee** may be paid online. See the "Course Descriptions" page to add it to your cart. If paying by check, please mail it to the address below. Make it payable to **PSD-LCMS** with **“MTC App”** in the Memo field. The fee may be combined with your first tuition payment if helpful. Include the name of the course (e.g., MTC001) in the Memo field in this case.

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](mailto:MTC@MissionTrainingCenter.com).