

**ENROLLMENT APPLICATION**  
for the **NCCA Bachelor's & Master's Degrees in Christian Counseling**  
offered through Reality Counseling Center

Date of Application: \_\_\_\_\_

**PERSONAL DETAILS**

Full Name of Applicant: \_\_\_\_\_

Address (line 1): \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City/town: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender (mark X): M \_\_\_\_\_ or F \_\_\_\_\_

Marital Status (mark X): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er)ed \_\_\_\_\_

**EDUCATIONAL HISTORY**

High school diploma awarded by: \_\_\_\_\_ Year: \_\_\_\_\_

Associate's degree awarded by: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_

Bachelor's degree awarded by: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_

Master's degree awarded by: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_

Doctoral degree awarded by: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_

**QUESTIONS** (If additional space is required to answer these questions, please attach extra sheets of paper...)

1. How did you become a Christian?



10. Please share your immediate goals for your counseling ministry:

11. Do you plan to be involved in an existing ministry, or are you considering establishing a counseling ministry?

12. Please share how you discovered Reality Counseling Center (search engine, a friend, a minister, etc): \_\_\_\_\_

13. Any other remarks, suggestions, questions, or anything else we should know?

Please send completed application to:  
Reality Counseling Center, 4430 Cinosam Pines Road, Brainerd, MN 56401

