



REGISTRATION FORM FOR ONLINE CLASSES (please attach a photo of yourself and \$50.00 non-refundable Registration fee) Our 4 Weeks Courses Cost \$800 USD, however due to our Nations Economic difficulty the Fees have been reduced to \$400.00 (nonrefundable fee) for the 4 Week Certificate program. The Certificate Course includes 30 mins of weekly Mentorship/Coaching during the 4 weeks of classes. Books and Materials \$100.00.

Workshops for Senior Pastors or returning graduates needing continue education credits the workshops are 1-2 days and Cost \$50 per class. A 90 Day Personal Mentorship and Coaching Service Plan is available for \$329.00 nonrefundable fee. Our Mentors are Credentialed and Certified. All fees are Non-refundable. Upon acceptance you will receive an acceptance letter.

Once you pay the application fee and submit this registration form completed and signed, we will contact you with your admission date. Your Admission fees can be paid via **CASHAPP \$HEWSOM** or on our Website where you will see a section to pay for Your classes, materials and books, <http://womentakingcharge2.homestead.com/COMMUNITY-PAGE.html>

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Is this your first time registering or our classes or programs? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you obtained a certificate before? YES NO If yes, when? _____

Are you interested in Ordination? YES NO

Which class or program do you want to enroll in? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional or ministry references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Write a little about yourself

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to my admission, I understand that false or misleading information in my application or interview may result in my immediate discharge from the WTC2 Institute.*

Signature: _____ Date: _____
(Applicant Signature)
Signature: _____ Date: _____
(Parents Signature if under 21 and living at home)
Signature: _____ Date: _____
(Ministry Official Signature)

FOR OFFICE USE ONLY: APPLICATION ACCEPTED: _____ APPLICATION REJECTED: _____ COMMENTS: _____
