

# *Woman 2 Woman Mentoring Institute*

P.O. Box 700 / Cordova, Tennessee 38088  
Phone: (901) 755-1540 ext. 100 / Fax: (901) 737-7953

(Keep page 1 for your information)

## **Application for Previous Attendee**

Please fill out page 2 & 3 and return it to the address below Attn: Pastor Darlene McCarty along with your \$50 deposit. If you are using a Credit Card you can either fax or mail this application to the address below.

*Keep page 1 for your records.*

**Tuition: \$120**

**(Includes all ministry material & meals (including Banquet))**

A non-refundable deposit of \$50 must accompany this application.  
Remaining \$70 – 30 days prior to the beginning of class.

**For More Information**

### *Woman 2 Woman Mentoring Institute*

**Attn: Pastor Darlene McCarty**

P.O. Box 700

Cordova, Tennessee 38088

Phone: (901) 755-1540 ext. 100 / Fax: (901) 737-7953

E-mail: [darlene@darlenemccarty.com](mailto:darlene@darlenemccarty.com)

Website: [www.darlenemccarty.com](http://www.darlenemccarty.com)

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(Return page 2 & 3 with deposit)

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

## Personal Information

Full Legal Name \_\_\_\_\_

Name You Wish To Be Called \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Age \_\_\_\_\_

Current Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_

## Church Information

Present Church Membership \_\_\_\_\_

Specific Denominational Affiliation (if any) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Senior Pastor \_\_\_\_\_

Years Attended \_\_\_\_\_

Do you still feel a definite call to ministry? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Full-Time \_\_\_\_ Part-Time

If yes, to what field of ministry do you feel called? \_\_\_\_\_

Current Position held in the church you presently attend \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state any type of **NEW** Christian service in which you have been involved within since you last attended W2WMI.

\_\_\_\_\_  
\_\_\_\_\_

What is your primary spiritual gifting? (Ex: teaching, prophecy, intercession, organization, armor-bearer, serving, etc) \_\_\_\_\_

### Financial Information

Who will be responsible for the payment of your tuition? \_\_\_\_\_

**FILL IN ONLY IF DIFFERENT THAN YOURSELF:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

### Payment

Option 1: \_\_\_\_\_ I wish to pay my tuition in full: **Amount:** \$120.00 \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Option 2: *Deposit payment:* \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card **Amount:** \$50.00

*Remaining Balance Payment:* \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

30 days prior to W2WMI **Amount:** \$70.00

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security #: \_\_\_\_\_

**Billing Address for Credit Card (If different than address listed above or on page 2)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Signature

I hereby certify that the information given on this application is, to the best of my knowledge, true and factual. I understand that any false statement made on this application is automatic grounds for rejection or denial from The Woman 2 Woman Mentoring Institute.

Signature \_\_\_\_\_ Date \_\_\_\_\_