



Spring Mountain Christian Academy MINISTRY VERIFICATION FORM

Last and First Name _____

Name(s) of child(ren) attending SMCA school

Member of the _____ Church in City/State _____

Pastoral and Church Leadership discount is available for up to 25%

Position held in your church _____ Volunteer Paid FT or PT

Approximate hours of church participation per month _____

Approximate hours of preparation outside of the church _____

The information I provided above is presented to the best of my knowledge and accuracy.

Signature of applicant: _____ Date _____

Signature of church / ministry representative: _____ Name: _____

SMCA Office Use Only:

Approved ministry, _____%

Notes: _____
