



## Spring Mountain Christian Academy MINISTRY VERIFICATION FORM 2017-18

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 \_\_\_\_\_ Date \_\_\_\_\_

### SMCA Office Use Only:

Approved ministry, \_\_\_\_\_%

Notes: \_\_\_\_\_  
\_\_\_\_\_