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**INDEPENDENT LUTHERAN SEMINARY**

*Upholding the Truth of Scripture and the Lutheran Confessions*

**1915 Carlson Drive, Klamath Falls, OR 97603**

**E-mail:** **indluthseminary@yahoo.com**

 **SEMINARY APPLICATION**

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| --- | --- |
| **Date** |  |
| **Full Name** |  |
| **Full Address** |  |
| **Home Tel** |  |
| **Mobile Tel** |  |
| **E-mail** |  |

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| --- | --- |
| **Name of Current Church** | **Church Location** |
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| **X** | **Courses Applying For:** |
|  | **Orthodox Lutheran Theology** |
|  | **Homiletics** |
|  | **Pastoral Care /Ministry Direction** |
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| **Please describe why you would like to take our courses:** |
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