

**Academic Division  
Gospel Music Workshop of America, Inc.**

**NATIONAL FACULTY APPLICATION**  
*You must include a wallet-size photograph with this application.*

Applicant's Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP)

Home Phone Number: (A/C \_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (A/C \_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month/Day/Year)

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**LOCAL CHAPTER AFFILIATION**

Name of Chapter: \_\_\_\_\_

Name of Chapter Representative: \_\_\_\_\_

Membership Level: Active \_\_\_\_\_ Non-Active \_\_\_\_\_ (check one)

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**EDUCATIONAL BACKGROUND**

1. You must complete each item that is applicable.
2. Should you hold a degree, PROOF of the degree MUST ACCOMPANY this application, or have it sent directly to the Academic Division by the Registrar of the school in which you have graduated. The official raised seal of the school must appear on each transcript or degree diploma sent.

What is the highest earned degree you hold? (Check one)  2-year Associate;  4-year Undergraduate Degree (BS, BA, etc.);  
 Graduate Degree (MA, MS, etc.);  Terminal Degree (Ph.D., etc.)

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**Undergraduate Degree Information:**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Exact Degree Letters: \_\_\_\_\_ (i.e., BS, BA, etc.) Major Degree Emphasis: \_\_\_\_\_  
Minor: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

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**Graduate Degree Information:**

Do you hold a Masters Degree:  Yes  No Are you enrolled in a graduate program:  Yes  No \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Exact Degree Letters: \_\_\_\_\_ (i.e., MS, MA, etc.) Major Degree Emphasis: \_\_\_\_\_  
Minor: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

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*You MUST complete the back of this application.*

**Post-Graduate Degree Information (Beyond Master's Level):**

Do you hold a post-graduate degree?  Yes  No Are you enrolled in a post-graduate program?  Yes  No

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Exact Degree Letters: \_\_\_\_\_ (i.e., Ph.D., D.Min., etc)

What was your program area or concentration? \_\_\_\_\_

Was a dissertation or project required?  Yes  No If yes, please explain the nature of dissertation/project:

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

**Non-Degree Development (Certificates received, special training, etc.):**

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

List the courses from the current Schedule of Classes in which you are able to teach:

Department Course Code (EVA, AIP, AVP, etc.) Course Name

Department Course Code (EVA, AIP, AVP, etc.)	Course Name
_____	_____
_____	_____
_____	_____
_____	_____

**IMPORTANT! By signing this application, you authorize the Academic Division of the Gospel Music Workshop of America to VERIFY any and all degrees that you list.**

\_\_\_\_\_  
(Applicant's Signature) Date of Signing: \_\_\_\_\_

The signature of your of your Local Chapter Representative and the Chapter's number MUST APPEAR below before this Application can be processed.

Chapter Representative's Signature: \_\_\_\_\_

Name of Chapter: \_\_\_\_\_

Chapter number: \_\_\_\_\_

Date of signing: \_\_\_\_\_

PLEASE SEND APPLICATION TO:  
Office of The Dean  
Academic Division, Gospel Music Workshop of America, Inc.  
1024C Green Pine Blvd.  
West Palm Beach, FL 33409