

**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)

LOCAL CHAPTER AFFILIATION

Name of Chapter: _____

Name of Chapter Representative: _____

Membership Level: Active _____ Non-Active _____ (check one)

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.)

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: _____

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: _____

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
_____	_____
_____	_____
_____	_____
_____	_____

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.
4685 Haverhill Rd., N, A3
West Palm Beach, FL 33417

