

EDUCATION  
FOR  
MINISTRY

REGISTRATION FOR NEW, RE-ENTRY, AND TRANSFER PARTICIPANTS

PLEASE print legibly in ink!

Administrative Mentor: \_\_\_\_\_

Group-ID: \_\_\_\_\_ (if known)      Your Starting Month: \_\_\_\_\_ (confirm w/mentor)

Circle: Ms/ Mrs / Mr / Rev / Dr / Deacon / Other: \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle Preferred

Social Security # \_\_\_\_\_ (While not required, SSN is very helpful in preventing duplicate entries in the University's database of more than 182,000 people. It is printed only on transcripts.)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phones: Work (     ) \_\_\_\_\_ Home (     ) \_\_\_\_\_

Email Address \_\_\_\_\_

Information for Statistical Reporting

<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Asian or Pacific Islander	<input type="radio"/> Multi-ethnic
Date of Birth: _____	<input type="radio"/> Black Non-Hispanic	<input type="radio"/> White Non-Hispanic
Marital Status: _____	<input type="radio"/> Hispanic	<input type="radio"/> Other
Denomination: _____	<input type="radio"/> American Indian/Alaskan Native	

Registration Status:

- registering as an EfM participant for the first time
- registering in a different group after an absence from EfM group\*
- registering in the same group after an absence
- registered participant transferring to a different group\*

\* My former mentor is/was: \_\_\_\_\_

\* I completed  all /  part of Year \_\_\_\_\_ and will  start where I left off /  repeat Year \_\_\_\_\_.

Note: Participants registering for the next year on schedule should sign a Re-enrollment form. Do NOT complete this form.

Fees:  Non-Sponsored \$460      Payment Method(s): Check/M.O (Payable to EfM)

Sponsored \$350      Visa, MasterCard, or Discover please complete the Payment Card form.

Reduced Fee \$160

**Overpayments will be considered contributions to the program unless a request for refund is made within 30 days!**

I have received a copy of Appendix B-1\*\* explaining my commitment to my group and to the University of the South.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed before enrollment can be processed. \*\*If Appendix B-1 was not provided by your mentor, please go to <http://www.sewanee.edu/EFM/EFMMentorForms.htm> to view the form.