

EXCEL BIBLE INSTITUTE

1421 W. Pembroke Ave - Hampton, VA 23661 Tel. 800.81.5618 - Email: <u>info@excelbi.org</u>

MINISTERIAL / SECULAR RESUME

NAME: LAST:	FIRST:					
ADDRESS:			_ CITY:	STATE:	ZIP:	
List your ministry and history. Be sure to incl					rt of your work/min	nistry
From date:	To date:	Activity:				
City:		Nation:				
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City:		Nation:				

Form is to be attached to the Ministerial Life Experience Evaluation form and given to the EBI Administrator for the student file