

**OFFICE OF MENTORED MINISTRY**

**WESTMINSTER THEOLOGICAL SEMINARY  
P.O. BOX 27009  
PHILADELPHIA, PA 19118  
215-572-3841**

**For MA Biblical Counseling Students**

**MENTOR'S APPLICATION**

*Please note: If you have ever mentored a Westminster student you need not complete this application*

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Tel. # \_\_\_\_\_

Denomination (if any) \_\_\_\_\_

Student you will mentor initially \_\_\_\_\_ Today's date \_\_\_\_\_

EDUCATION: (List schools)

School \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

CAREER: (Professional work experience since college)

Church/Institution \_\_\_\_\_ Duties \_\_\_\_\_ Dates \_\_\_\_\_

