

**CHARISM MENTORSHIP PROGRAMME
CATHOLIC CHRISMATIC RENEWAL IN NIGERIA
CATHOLIC ARCHDIOCESE OF BENIN CITY**

APPLICATION FORM



Section A Personal information

Full Name _____
Age : below 18, (). 18 - 30, (). 31 – 50,(). 51 - 60, (). 60 and above, ()
Gender ____ Marital Status (Single, Married, Widowed) _____
Occupation _____ Office/Business Address _____

Section B Prayer Group/Ministry information

Parish/Prayer Group _____
Are you active in the Prayer Group? _____ How long _____
Current Position (s) _____
Previous Position (s) _____
Ministry/ Ministries belonged _____
Are you active in the ministry? _____ how long _____
At what level are you active in your ministry? _____

Section C Academic Background/ Purpose of the course.

Qualifications: (Please Tick) Primary () Secondary () Tertiary () Post Graduate ()
Are you currently running any academic program _____
If yes, how do you intend to manage both program?

What have been your personal experiences as a minister _____

What are you goals for this program _____

What will be your source of funding/sponsorship for this program _____

Name, Sign & Date Prayer Group Coordinator, Sign & Date Ministry Leader, Sign & Date

Section D official use only

Name of Assessor _____ Sign _____ Date _____
Assessor's Recommendation _____

BANK ACCOUNT/FUNDING

- Successful and admitted students shall pay a running cost of N10,000 each per semester .
- All bank and financial transactions shall be through the CCRN account bellow
BANK : ZENITH BANK, Account Name: CCRN PROJECT ACCOUNT, AC No. 310021046

Instructions:

1. Fill out the form
2. Make sure your coordinator signs
3. Make payment to the account on the form page
4. Goto ccrnbenin.org/charism_mentorpro
5. Enter your active email and create new password to create account for the programme
6. Snap and upload the form
7. Upload the payment slip for verification
8. Fill your bio-data
9. Submit
10. View your dashboard

Wait for further information and instructions. Thank you