



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

Full Name: \_\_\_\_\_

Preferred Name (If any): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p>Please include a 2"x2" headshot of yourself in this space.</p>	<p>Send your completed application via email: <a href="mailto:dean@cromwellchristian.com">dean@cromwellchristian.com</a> or mail to: 1605 Cromwell Bridge Rd, Baltimore, MD 21234</p> <p>For more questions, contact us at 443 452 3082</p>
---	---

### CROMWELL CHRISTIAN EQUIPPING CENTER APPLICATION PACKET CHECKLIST

- Student Application Complete (must be completed online)
  - Include a headshot
  - Fill each section
  - Sign and date
  - Send us via email at [dean@cromwellchristian.com](mailto:dean@cromwellchristian.com), by mail, or in person (*see the address above*)
  
- Pastor's Reference Complete
  - Submitted to your pastor
  - The pastor should send the reference directly to: [dean@cromwellchristian.com](mailto:dean@cromwellchristian.com)
  
- Application fee paid – \$45 (Non-refundable)
  - To pay online, visit [www.cromwellchristian.com](http://www.cromwellchristian.com) and hover over "About". Click "Tuition & Fees" and follow the instructions.
  - To pay by check, make checks payable to Rock City Church, with "Cromwell App Fee" and your name on the memo line. Submit the check to our finance office or by mail.
  - Notify us at [dean@cromwellchristian.com](mailto:dean@cromwellchristian.com) to confirm the payment has been received.

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082





# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### A. PERSONAL INFORMATION

Your name must match your passport; if you generally go by a different name, you can include that under "Preferred Name."

1) First/Given Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name (if any): \_\_\_\_\_

2) Age: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3) Place of Birth: \_\_\_\_\_

4) Address: \_\_\_\_\_

*Street address*

*Apartment/Unit*

*City/State*

*Zip Code*

*Country*

*Passport # & Exp. Date*

*Social Security #*

5) Country of Citizenship: \_\_\_\_\_

If you are currently residing in the United States but are not a U.S. citizen, please specify your current immigration status:

6) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7) Biological gender at birth:  Biological Male  Biological Female

8) Marital Status:  Single  Engaged  Married  Widowed  Divorced  Separated  
*(If divorced or separated, attach a brief statement using the provided paper. Download the paper [here](#))*

*Please continue to the next page.*

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

*Continued from previous page.*

9) If engaged, explain plans for the future:

---

---

10) If married, spouse's name: \_\_\_\_\_

11) Spouse's Occupation: \_\_\_\_\_

12) Anniversary: \_\_\_\_\_

13) Number of Children: \_\_\_\_\_

14) Ages of Children: \_\_\_\_\_

15) Have you ever been divorced?  Yes  No

16) Has your spouse ever been divorced?  Yes  No

17) Explain your responsibilities to your family while you are in Cromwell College:

---

---

---

---

---

---

---

---

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### B. HEALTH INFORMATION

1) Health insurance provider: \_\_\_\_\_

Group/Member ID: \_\_\_\_\_

Named insured: \_\_\_\_\_

2) Name of your physician: \_\_\_\_\_ Phone # \_\_\_\_\_

***Please attach your current immunization record***

3) Do you have any allergies to food, medication, or other?  Yes  No

If yes, please specify and describe reactions when exposed, and treatment methods:

---

---

4) Do you have any of the following: physical limitations, disabilities, communicable diseases, mental or emotional disorders?  Yes  No

If so, please describe:

---

5) Have you ever been under psychiatric care?  Yes  No

If so, please describe:

---

Regarding Question 5 above: Please provide your physician's name, address, and phone number.

---

*Please continue to the next page.*

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL COLLEGE - STUDENT APPLICATION

Continued from previous page.

6) Check the box if you have used any of the following; if not, choose none:

- Tobacco     Narcotics     Alcohol     Vape     None

If so, please explain.

---

---

Frequency of past use (e.g., occasional, regular, one time):

---

Date of last use (DD/MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### D. EMERGENCY CONTACT

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

#### Person authorized to make emergency medical decisions on my behalf

2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3) If the above-named person cannot be reached, Rock City Church, CCEC, and their representatives have my permission to administer first aid and/or approve emergency medical treatment for me if necessary.

Yes     No

If yes, sign here \_\_\_\_\_

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### E. HOME CHURCH INFORMATION

1) Home Church Name: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

Church Email Address: \_\_\_\_\_

2) Are you a member of this church?  Yes  No

How long have you been a member of this church? \_\_\_\_\_

3) Pastor's First & Last Name: \_\_\_\_\_

4) Pastor's Cell Phone Number: \_\_\_\_\_

### F. PERSONAL & MINISTRY EXPERIENCE

1) When did you receive Christ as your Savior? \_\_\_\_\_

2) Have you been baptized?  Yes  No

If yes, when? \_\_\_\_\_

3) Have you been Holy Spirit baptized?  Yes  No

If yes, when? \_\_\_\_\_

4) Do you actively serve in ministry?  Yes  No

Years of ministry experience: \_\_\_\_\_

*Please continue to the next page.*

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

Continued from previous page.

5) In which ministries have you been involved in at your church?

Preaching  Youth Ministry  Children's Ministry  Missionary Work  Small Group Ministry

Evangelism  Media Arts Ministry  Audio/Visual Ministry  Worship Leading / Choir

Musical Instruments: \_\_\_\_\_

Other Ministry: \_\_\_\_\_

### G. EDUCATION HISTORY

1) Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_ Degree or certification earned: \_\_\_\_\_

Date of completion (or reason for not completing):  
\_\_\_\_\_  
\_\_\_\_\_

2) Please list additional schools you have attended, and degrees you have earned in the spaces provided below.

Academic Institution	Location	Dates Attended	Degree Earned

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL COLLEGE - STUDENT APPLICATION

**H. EMPLOYMENT HISTORY**

Please include your work history over at least the past 3 years. You may download a separate paper if needed. Begin with your current, or most recent, employer. (Download additional paper [here](#))

**Employer 1:**

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly describe your duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you no longer work here, why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer 2:**

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Please continue to the next page.*

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

*Continued from previous page.*

Briefly describe your duties:

---

---

---

If you no longer work here, why not?

---

---

---

### I. FINANCIAL INFORMATION

1) What is your anticipated source of income while at Cromwell College (CC)?

---

2) What is your current monthly income?

---

3) Do you have financial debt? If yes, what are your monthly payments on that debt?

---

4) Other than financial debt, do you have financial obligations that you will be responsible for while attending CC? Including but not limited to; insurances, rent, child support, utilities, medical bills, etc.

---

*Please continue to the next page.*

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

*Continued from previous page.*

5) Do you own a business as a sole proprietor or CEO?  Yes  No

If yes, what is your plan for that business while you attend CC?

---

---

---

6) Does your business have debts and or financial responsibilities?  Yes  No

If yes, what are your monthly payments toward those debts and/or financial responsibilities?

*Note: If you co-own or manage the business with others, you can skip this question.*

---

---

---

7) The tuition cost for CC is \$5,250 per year plus room and board. How do you plan to cover the cost of your tuition?

---

---

---

---

---

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### J. REFERENCES

Please list two references who know you well, either personally or professionally. Do not list immediate family members or the pastor who is completing your Pastor's Reference.

#### Reference 1

1) Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Reference 2

2) Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### K. SHORT ESSAY QUESTIONS

1) Tell us about yourself in your own words: What do you enjoy? Tell us about your hobbies and interests!

---

---

---

---

---

2) Please share your faith journey. How did you come to know God? How would you describe where you currently are in your walk with Him? What are you doing to continue growing?

---

---

---

---

---

3) Describe a challenge you have faced, and how you overcame it. Be specific!

---

---

---

---

---

*Please continue to the next page.*

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL COLLEGE - STUDENT APPLICATION

*Continued from previous page.*

4) What do you understand about God’s call on your life?

---

---

---

---

6) Who do you allow to speak into your life? What’s their relationship to you?  
(i.e., pastor, spiritual father, church leader, etc)?

---

---

---

---

7) What do you hope to gain through the Cromwell College? And why do you want to attend the College?

---

---

---

---

---

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

### L. DISCLAIMER AND SIGNATURE

**Please initial on the line next to each paragraph to confirm you have read and understand the statement(s) contained therein. Please also sign and date this application.**

\_\_\_\_\_ *I promise that, if admitted to Cromwell Christian Equipping Center (CCEC), I will at all times conduct myself as a Christian. I will faithfully and diligently apply myself to the studies required by the college curriculum. I will promptly meet all financial and other obligations, and carefully obey the rules and regulations as set forth by CCEC and its faculty.*

\_\_\_\_\_ *By signing below, I affirm that I am the applicant listed on this form. As previously said in page 7 (Emergency Contact Section), If reasonable efforts to reach my designee are not successful, I authorize CCEC and its representatives to administer First Aid and/or take me to a medical facility for treatment. I understand that I am responsible for any medical or dental costs not covered by my insurance. I acknowledge the risk of physical injury or the possibility of acquiring a communicable illness by participating in all activities at CCEC, or wherever they may take place, including off-site events. I accept personal financial responsibility for any illness, bodily or personal injury sustained or associated with all activities at/or sponsored by CCEC on or off-site.*

\_\_\_\_\_ *I understand that I am solely responsible for all legal fees and other fees arising from legal proceedings that I may pursue against CCEC, its partners or its representatives. CCEC and its representatives are not liable for comprehensive and collision coverage for the use of public, private, or chartered vehicle transportation for school-sponsored activities.*

\_\_\_\_\_ *I understand that CCEC has a No-Refund Policy. Refunds will not be issued for any reason.*

\_\_\_\_\_ *I understand that my photograph may be used for promotional endeavors, including but not limited to magazines, brochures, fliers, web publications, and media presentations.*

\_\_\_\_\_ *I acknowledge that Cromwell Christian Equipping Center and its affiliated church, Rock City Church, is recognized as a 501(c)(3) nonprofit organization, and affirms its Statement of Faith. We operate exclusively for religious and educational purposes, and all funds support our mission and ministry.*

*Please continue to the next page.*

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



# CROMWELL CHRISTIAN EQUIPPING CENTER

## CROMWELL COLLEGE - STUDENT APPLICATION

*Continued from previous page.*

\_\_\_\_\_ I understand that a certificate from the Cromwell College partnership with United Theological Seminary does not license or ordain me for ministry, nor does it guarantee my licensure or ordination in any part of the Christian Church.

\_\_\_\_\_ I understand that Cromwell College will require me to participate in 2-week in-person intensive courses on 4 separate occasions throughout the program. I understand and agree that I will cover my own travel and lodging expenses for those classes.

\_\_\_\_\_ *Further, I agree to hold harmless CCEC, their representatives, and/or the facility of visitation for illness or injury sustained during all activities at CCEC on or off-site activities, sponsored by CCEC or its partners.*

By signing below, I confirm that the statements made in this application are true, correct, and complete.

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

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL COLLEGE - STUDENT APPLICATION

ADMINISTRATIVE

Pastoral Reference Received Date: \_\_\_\_\_

Application Fee Paid Date: \_\_\_\_\_

APPLICATION REVIEW: BISHOP BART PIERCE, PRESIDENT

President's Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

Application Accepted Date: \_\_\_\_\_

Application Rejected Date: \_\_\_\_\_

FOUNDER: BISHOP BART PIERCE  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082





---

# CROMWELL CHRISTIAN EQUIPPING CENTER

---

## CROMWELL COLLEGE - STUDENT APPLICATION

**FOUNDER: BISHOP BART PIERCE**  
CROMWELL CHRISTIAN EQUIPPING CENTER  
1605 CROMWELL BRIDGE ROAD  
BALTIMORE, MD 21234  
PHONE: 410 882 2217 x 1203

**DEAN: JESSICA KILMARTIN**  
EMAIL: [DEAN@CROMWELLCHRISTIAN.COM](mailto:DEAN@CROMWELLCHRISTIAN.COM)  
WEBSITE: [WWW.CROMWELLCHRISTIAN.COM](http://WWW.CROMWELLCHRISTIAN.COM)  
PHONE: 443 452 3082