



— WORD OF LIFE —
SCHOOL *of* MINISTRY

“A SCHOOL OF THE WORD AND THE SPIRIT”

APPLICATION

FOR

STUDENT: _____

Instructions for Application:

- 1. Fill out Application completely. Please print in blue or black ink.
- 2. Mail the completed application form along with the non-refundable Application/Registration fee of \$50.00 to the address shown on the letterhead

PERSONAL INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Nationality: _____ Last four of SSN: _____

Marital Status: Single Married Divorced Separated Re-married Widowed

Spouse: _____

EDUCATIONAL INFORMATION

Did you graduate High School? YES NO

Date of graduation or GED test: _____

What additional education do you have? _____

Degrees: _____

Have you attended Word of Life School of Ministry before? YES NO

If "yes" when? _____

FINANCIAL INFORMATION

Who will be responsible for your tuition? _____

Name and address, if other than yourself: _____

SPIRITUAL INFORMATION

Home Church: _____

Address: _____

Denomination: _____

Pastor: _____

Pastor's Phone Number: _____

Have you accepted Jesus Christ as your Lord and Savior? YES NO

Give details of when and how:

Have you received baptism of the Holy Spirit with the evidence of speaking in tongues? YES NO

Give details of when and how:

Do you attend church regularly? YES NO

Do you feel a definite call to the full-time ministry? YES NO

If yes, to what field are you called? _____

If no, indicate your profession/ vocation or future plans

Please state any type of Christian service you have been involved in (aslo include the amount of time served):

Do you use tobacco? _____ Yes _____ No

Do you use alcohol or drugs? _____ Yes _____ No

Are you, or have you been involved in any sexual sin, including, but not limited to: homosexuality/ lesbianism/ adultery/ pornography? _____ Yes _____ No

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

Do you have any physical/emotional limitations or handicaps? _____ Yes _____ No

If you answered yes to any of the above questions, please come and talk to our School Director, Pastor Glenn Ware, and let us help you. This is confidential information and is confined to administrative offices.

REFERENCES

Arrange for Two (2) personal recommendation forms to be filled out and returned directly to the Director of Word of Life School of Ministry. One to be filled out by your Pastor (Associate Pastor if Word of Life member) and one filled out by One Christian friend or individual who has known you at least two years. There are two self-addressed envelopes enclosed in this packet for this purpose. Give one with each recommendation form. (n/a for online obtained forms – mail online obtained forms to 4425 Meriwether Road, Shreveport, LA 71109)

PERSONAL STATEMENT

Please write a statement of why you desire to attend Word of Life School of Ministry.

I hereby certify that the information given on this application is, to the best of my knowledge true and factual. **I understand** that any false statement made on this application is automatic grounds for rejection or dismissal from Word of Life School of Ministry. **I understand** that Word of Life School of Ministry is a private school and my enrollment is a privilege. I agree to uphold the moral and philosophical standards of the school. **I also understand** that the Word of Life School of Ministry reserves the right to offer counseling or require the withdrawal of any student who is considered to be out of harmony with the philosophy of the school.

SIGNATURE: _____ DATE: _____