

PERSONAL INFORMATION:

Name _____
Last First Middle
Address _____
City/State/Zip _____
Telephone Number Home _____ Work _____
Cell _____ E-mail _____
Date of Birth _____ Age _____ Sex _____
Nationality _____ Last four of SSN _____
(This will be your student I.D. Number)
Marital Status: _____ Single _____ Married _____ Divorced _____ Separated
_____ Remarried _____ Widowed
Spouse: _____

Educational Information:

High School Graduate: _____ Yes _____ No.
Date of Graduation or GED Test: _____
What additional education have you had? _____

Degrees? _____
Have you attended Word of Life School of Ministry previously? ___ 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 personal Lord and Savior? ___ Yes ___ No

Give details of when and how:

Have you received the baptism of the Holy Spirit with the evidence of speaking in tongues?
_____ Yes _____ No 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 (also 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 or pornography? ____ Yes ____ No
Have you ever been convicted of a misdemeanor or a felony? ____ Yes ____ No
Do you have any physical/emotional limitations or handicaps? ____ Yes ____ No

If you answered "yes" to any of the above questions, on a separate sheet of paper, Please describe the nature of the situation, including date of deliverance, etc. 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)

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**

Name: _____ **Date** _____