PERSONAL INFORMATION:

Name _____
Last First Middle
Address_____
City/State/Zip_____
TelephoneNumber_____Work_____Fax_____
Cell Ph._____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? _____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 intoxicating drink 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 three (3) 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 two filled out by two Christian friends or individuals who have known you at least two years. There are three 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_____

OFFICE USE ONLY:

Date Received: _____ **Accepted:**_____ **Rejected**_____

Date Processed: _____ **Processed by:** _____

Notification Date: _____**Letter:**_____ **Phone:**_____ **Other**_____

WORD OF LIFE SCHOOL OF MINISTRY APPLICATION

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**_____
(Please print)