

**PHOTO OF YOU**



(attach a 2x2" photo of yourself here)

**Life Church School of Supernatural Ministry**  
**Student Application**

**Which track are you applying for?**

(Please circle one)

Part Time / Full-time

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_

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

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

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

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

**ABOUT YOU**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**PERSONAL (circle one)**

Gender: Male / Female

Marital Status: Single / Married / Divorced / Widowed

If married will your spouse be attending school? YES / NO Name of spouse: \_\_\_\_\_

If married do you have the support of your spouse to attend LCSSM? YES / NO. If no, please explain: \_\_\_\_\_

If you are still living with parents/guardians do you have their support to attend LCSSM? YES / NO. If no, please explain: \_\_\_\_\_

What other weekly responsibilities will you maintain as well as your responsibilities to LCSSM? (i.e. jobs, care for children, etc...) \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**SPIRITUAL INFORMATION**

When did you accept Christ as your personal Savior?

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

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4 (circle one)? YES NO

If yes, how do you know you were baptized in the Spirit?

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

Do you attend church regularly (circle one)? YES NO  
Are you a member (circle one)? YES NO

How long have you been attending regularly there? \_\_\_\_\_

Home Church: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Phone: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you recently left another church (circle one)? YES NO

If yes, was it a good parting or are there unresolved issues?

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

State any Christian service you have done:

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**HEALTH**

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required:

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**EDUCATION**

Did you graduate from High School (circle one)? YES NO  
or get a GED or equivalent (circle one)? YES NO

Did you attend college/university (circle one)? YES NO

What was your major? \_\_\_\_\_

Graduated from college/university (circle one)? YES NO

Date Graduated: \_\_\_\_\_

**FAMILY**

Name of spouse, if married: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_

Children (names and ages): \_\_\_\_\_

**PARENTS**

Father's Name: \_\_\_\_\_

Living (circle one)? YES NO

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

Mother's Name: \_\_\_\_\_

Living (circle one)? YES NO

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

**EXPERIENCES**

*Answering "YES" to the following questions will **NOT** automatically disqualify the applicant from acceptance.*

Have you used tobacco in the last six months (circle one)? YES NO

Have you drunk alcoholic beverages in the last six months (circle one)? YES NO

If yes, please explain:

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

Have you been involved with pornography in the last 12 months (circle one)? YES NO

If so, when was the last time, and what have you been doing to remain pure in this area?

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

Have you been involved in homosexuality within the last 5 years?

If so, when was the last time? And please explain what God has done to restore you:

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

Have you ever been arrested (circle one)? YES NO

If yes, when? Please provide a brief explanation:

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

Were you ever convicted (circle one)? YES NO

If yes, when and where? Please provide a brief explanation:

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

Have you ever been involved in the occult, witchcraft, or cults (circle one)? YES NO

If yes, please provide a brief explanation:

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

Have you used illegal drugs in the last six months? If so, please explain:

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

**EMPLOYMENT**

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

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

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

\*Your employer may be contacted.

**FINANCES**

Tuition is \$2,100.00 (full time) and \$1,500.00 (part time) and you are expected to pay at least \$700.00 on the first day of school. Will you be prepared to pay it (circle one)? YES NO

If no, please explain:

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**LCSSM**

Have you previously applied to a School of Supernatural Ministry (circle one)? YES NO

Please list any books written by Bill Johnson or Kris Vallotton you have read:

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How did you hear about LCSSM?

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**STATEMENT OF PURPOSE**

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord). Limit statement to 300 words:

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**MORE INFORMATION**

Briefly explain why you want to attend Life Church School of Supernatural Ministry:

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What are you really passionate about?

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**FIRST PERSONAL RECOMMENDATION**

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECOND PERSONAL RECOMMENDATION**

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PASTORAL RECOMMENDATION**

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PAYMENT INFORMATION**

\*The application fee is a non-refundable \$25. Please select your payment method.

Payment Method (circle one):

- CHECK
- CASH
- CREDIT CARD

\*Please Note: Upon your acceptance to LCSSM, we will require a \$100.00 deposit within 30 days of receiving your acceptance letter to confirm your decision to attend LCSSM. This amount will go towards your tuition cost. This can be paid through our LCSSM Admissions Department.

**BILLING INFORMATION**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Country (circle one):

- Outside of USA
- USA

**AGREEMENT:** I understand that any falsification of information on this application is grounds for dismissal at any time. I understand the financial obligations for this course and commit to meeting the payments.

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



Mail completed applications to:

Life Church  
ATTN: LCSSM Admissions Dept.  
100 N Main St  
Washington, PA 15301

Or, you may also email a completed application to:

[nikkijones@lcwashpa.org](mailto:nikkijones@lcwashpa.org)