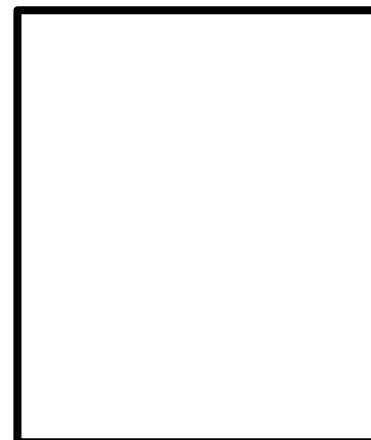


PHOTO OF YOU



(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:

HEALTH

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

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:

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:

How did you hear about LCSSM?

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:

MORE INFORMATION

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

What are you really passionate about?

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