

Living Faith School of Theology Application

Please print or type

1. PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____
MRS. MS. MR. REV. DR. _____
MAILING ADDRESS _____ CITY _____ STATE _____
ZIP OR POSTAL CODE _____ COUNTRY _____
HOME PHONE # _____ WORK NUMBER # _____ CELL # _____
EMAIL ADDRESS _____
MALE _____ FEMALE _____ MARITAL STATUS: MARRIED _____ SINGLE _____ RACE _____
CITIZENSHIP _____ PLACE OF BIRTH _____ DATE OF BIRTH _____

2. CHURCH BACKGROUND INFORMATION

CHURCH BACKGROUND/DENOMINATION _____
CHURCH ATTENDING _____ PASTOR NAME _____
CURRENT MINISTRY STATUS, IF ANY _____

SENIOR PASTOR _____ ASSISTANT PASTOR _____ MISSIONARY _____ EVANGELIST _____
ITINERANT _____ TEACHER _____ CHILDREN'S MINISTER _____ YOUTH MINISTER _____ MUSIC
MINISTER _____ CHAPLAIN _____ LAY MINISTER _____ CHRISTIAN BROADCASTING _____ CHURCH/
MINISTRY ADMINISTRATOR _____ RADIO/TV _____ PASTORAL _____ TEACHER _____ EVANGELISM _____
OTHER (SPECIFY) _____
MINISTRY CREDENTIALS: LICENSED _____ ORDAINED _____ N/A _____

CREDENTIALING ORGANIZATION _____

PAST MINISTRY INVOLVEMENT:

PASTORAL _____ TEACHER _____ EVANGELIST _____
RADIO/TV _____ N/A _____ OTHER (SPECIFY) _____ MINISTRY START DATE _____

3. EDUCATIONAL INFORMATION

HIGH SCHOOL NAME _____ DATE GRADUATE _____
DIPLOMA _____ GED _____
COLLEGE NAME _____ DATE ATTENDED _____
DID YOU GRADUATE _____ DEGREE _____
LIST ANY OTHER COLLEGES/UNIVERSITIES ATTENDED AND DEGREES BELOW:
COLLEGE _____ DATE GRADUATE _____ DEGREE _____
COLLEGE _____ DATE GRADUATE _____ DEGREE _____

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING

DOCUMENTATION: You must send a photocopy of your high school transcript, diploma, or GED. **List all schools including Bible institutes, Bible colleges, other colleges or universities. Must have original, sealed, official transcripts. NOTE: It is the applicant's responsibility to order, pay for, and—if necessary—follow-up on all transcripts ordered.

PASTOR'S OR MINISTRY ORGANIZATION LEADER'S RECOMMENDATION FORM

Dear Pastor or Ministry Organization Leader,

The student listed below has applied for advanced placement credit toward his or her degree at Living Faith School of Theology for teaching the Bible at your church or ministry organization.

Please provide whatever information you believe will help us in evaluating this request. We have provided the following form for your convenience. When you have finished, please place the completed form in a sealed letterhead envelope and give it to the student for submission with his or her application.

Thank you!

Office of Living Faith School of Theology

1. STUDENT'S INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____
MRS. ___ MS. ___ MR. ___ REV. ___ MISS ___ DR. ___
MAIDEN NAME, (IF APPLICABLE) _____

2. PASTOR'S/MINISTRY ORGANIZATION LEADER'S RECOMMENDATION

HOW MANY TIMES A YEAR DID THE ABOVE PERSON TEACH AT YOUR CHURCH OR
MINISTRY ORGANIZATION? _____
WAS THE MAJORITY OF THE MATERIAL THEY TAUGHT PREPARED BY THEM (AND NOT
PRE-PRINTED CURRICULUM)? YES ___ NO ___
DID THEY COME TO TEACH FULLY PREPARED? YES ___ NO ___
DO THEY EXHIBIT A CALL TO THE MINISTRY? YES ___ NO ___
DOES THEIR TEACHING REFLECT QUALITY ACADEMIC STUDY? YES ___ NO ___
DID THEY DEMONSTRATE INTEGRITY IN THE WORD OF GOD? YES ___ NO ___
ANY OTHER COMMENTS, OBSERVATIONS, OR RECOMMENDATIONS?

VERIFYING PASTOR'S OR MINISTRY ORGANIZATION LEADER'S NAME

LAST NAME _____ FIRST NAME _____ M.I. _____
TITLE _____ PHONE NUMBER _____