

THE LOVE OF GOD SCHOOL OF MINISTRY

APPLICATION PLEASE PRINT LEGIBLY

Instructions: Fill out application completely and email it to: paulacollinslogmi@gmail.com

Personal Information:

Full legal name: ___ Mr. ___ Mrs. ___ Miss _____

Preferred Name: _____ If married, name of spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephones: Home _____ Work: _____ Cell: _____

Email Address: _____

Place of Birth & Citizenship: _____ Date of Birth: _____

Use of drug use or alcoholic drinks? _____

Marital Status: ___ Single ___ Engaged ___ Married ___ Divorced ___ Widowed ___

References: List name/address/tpn of three persons (not family) who know you. Include your pastor or other ordained minister's name:

Educational Information:

High School Name/Location: _____

Graduate? _____ Year Graduated? _____

College/University Name & Location: _____

Years Attended? _____ Degree Earned: _____

Other Schools: _____

Employment Information:

Name/Address of Employer:

Spiritual Information:

Home Church Name, Address and Tele. No:

Pastors Name and Tele. Number:

How often do you attend church?

When did you receive Jesus as your personal Savior?

Have you received the Baptism of the Holy Spirit with the evidence of speaking in tongues?

Briefly describe your salvation experience:

Explain why you believe the Lord wants you to attend The Love of God Bible School of Ministry?

What type of Christian service do you feel drawn?

I certify that the information given on this application is to the best of my knowledge, true and factual. I understand any false statement on this application is grounds for application rejection or dismissal from The Love of God Bible School of Ministry. I agree to abide by the policies of this School and meet my financial obligations in a responsible manner.

Signature

Date