

Spirit of Faith Bible School

Application

INSTRUCTIONS

Applications are due by Monday, August 20, 2010 for enrollment in the first quarter.

There is a \$10 late charge for applications received after August 20, 2010. Deadline to enroll in first quarter is August 31, 2010.

Along with this application, include a \$35 non-refundable application fee. (\$45 for married couples.)

If attending the school with your spouse, each person should fill out a separate application form.

You MUST type or PRINT and answer each line. If one does not apply to you write "N/A".

PERSONAL INFORMATION:

Your Full Legal Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Male: _____ Female: _____ Birth Date: _____

Marital Status: _____ Spouse's Name: _____

Number of Children Living At Home: _____ Will Your spouse be attending SOFBS with you? _____

Your Maiden Name: _____ Your SS# present and past: _____

Alias (*other names you have gone by*): _____

Present Employer: _____ Work Phone: _____

CHURCH INFORMATION:

Are you a member of FaithWord Church? _____ How long have you attended FaithWord Church? _____

What Church do you attend? _____

Church Address: _____ City: _____ State: _____ Zip: _____

Church Phone Number: _____ Your Pastor's Name: _____

How long have you attended? _____ How many services a month do you normally attend? ___ 4 ___ 6 ___ 8 ___ less

Name of your previous Church (if at your current church less than 3 years): _____

List the areas of ministry you serve in: _____

Previous Pastor's Name: _____ Church Phone Number: _____

Briefly state why you left your last church: _____

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SPIRITUAL INFORMATION:

Have You Been Born Again? _____ If Yes, Where? _____ Year: _____

Have You Been Spirit-Filled ? _____ If Yes, Where? _____ Year: _____

Have You Been Baptized In Water? _____ If Yes, Where? _____ Year: _____

Do You Tithe And Give Offerings On A Regular Basis? _____

Have you ever personally led someone to Christ in a one-on-one situation? _____

DO YOU BELIEVE:

** Please note that a no answer will not automatically disqualify you from attending SOFBS. If you are unsure of a belief, write a “?” in the space provided.*

- In the virgin birth and deity of Jesus Christ? _____
- That Jesus is God’s Son and the ONLY sacrifice for our sin? _____
- That salvation is a free gift of God to mankind, separate from good works, and that mankind must be born again? _____
- The Bible is the perfect and Holy Word of God (all 66 books)? _____
- There is one God revealed in the Trinity as three separate persons: the Father, the Son and the Holy Spirit? _____
- In the eternal punishment for the lost (Hell and Lake of Fire)? _____
- In the eternal reward for the believer? _____
- That Jesus rose bodily from the dead? _____
- That divine Healing is a part of God’s redemptive plan and it is God’s will for His children to live in health? _____
- In the baptism of the Holy Spirit as a separate experience from salvation? _____
- That speaking in other tongues is the initial physical evidence of the baptism of the Holy Spirit? _____
- In the rapture of the Church? _____
- In the physical return of Jesus Christ to earth? _____

MINISTRY EXPERIENCE:

Your current position in ministry, if any: ___ Senior Pastor ___ Missionary ___ Youth Pastor ___ Children’s Pastor
___ Music Minister ___ Evangelist ___ Assistant Pastor ___ Lay Minister (please specify) ___ other (please specify)

Are you currently licensed or ordained? ___ Licensed ___ Ordained

Credentialing Organization: _____ How many years? _____

Briefly state your future ministry goals: _____

EDUCATION:

List the highest level of education you have completed: ___ High School diploma/equivalent ___ Associates degree
___ Bachelors degree ___ Masters degree ___ Doctorate (please specify) _____
___ None of the above

Are you currently enrolled in school other than SOFBS? _____

If yes, where? _____

PERSONAL HEALTH INFORMATION:

Describe your general health: _____ Excellent _____ Good _____ Fair _____ Poor

Please designate with E, G, F or P for the condition of the following: _____ Eyes _____ Ears _____ Heart _____ Lungs

List any health/physical conditions that may hinder you from attending SOFBS and learning on a regular basis: _____

Please answer the following questions truthfully:

Have you ever been incarcerated? _____ If yes, please explain on a separate sheet of paper.

Do you currently use tobacco of any kind? _____

Do you drink alcohol? _____ If yes, please explain: _____

Are you currently using any illegal or habit-forming drugs? _____

Please list all prescription medication that you are currently taking: _____

EMERGENCY CONTACT: _____ Phone Number: _____

NON-DISCRIMINATION POLICY:

Spirit of Faith Bible School does not discriminate on the basis of nationality, ethnic origin, age or gender.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING.

I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the school.

Student Signature

Date

Please mail form and payment to:

Spirit of Faith Bible School
P.O. Box 850577
Mobile, AL 36685
251-776-1171