



Living Faith World Ministries School of Ministry Application Level 2

GENERAL INFORMATION

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ Zip Code _____

Email _____ Home/Cell Phone _____

Male Female / DOB _____ SSN# _____ DL No# _____

Married Yes No Spouse Name _____

SPIRITUAL INFORMATION

Are you faithful in attendance Yes No How often do you attend church _____

What ministry area are you involved in _____ When were you called to ministry _____

What area of the five fold ministry are you called to? _____

Do you faithfully give your tithes Yes No Offering Yes No

Are you saved? Yes No Date _____

Are you filled with the Holy Spirit? Yes No Date _____

Have you been water baptize? Yes No Date _____

Have you ever applied to Living Faith School of Ministry before? Yes ___ No ___

****MAY REQUIRE BACKGROUND/DRUG SCREENING/CHECK****

Approved **Not Approved**