

PROGRAM OF INTEREST	<input type="checkbox"/> One Year Certificate in Christian Studies	<input type="checkbox"/> Two Year Certificate in Biblical Studies
	<input type="checkbox"/> Three Year Diploma in Christian Ministries	<input type="checkbox"/> Bachelor of Theology (4 year)
Additional Program Electives	<input type="checkbox"/> The Ugandan Experience (2nd Year)	<input type="checkbox"/> Clearwater Creative Arts
	<input type="checkbox"/> Fusion – Additional paper work will be required	

PERSONAL INFORMATION (PLEASE PRINT OR CHECK APPROPRIATE BOXES)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Male	First Name:	Middle Name:	Last Name:
<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Female			
Date of Birth (yyyy/mm/dd):	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> US <input type="checkbox"/> Other:	First Language: <input type="checkbox"/> English <input type="checkbox"/> Other:	
Mailing Address:	City:	Province/State:	PC/Zip:
Home Phone:	Cell Phone:	Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Spouse's Name (if married):		Date of Marriage (yyyy/mm/dd)	
Name & ages of children at home:			
Do you have any disabilities which require consideration? <input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional/Mental Health Condition <input type="checkbox"/> Medical Illness/Condition. Please explain:			
Are you presently on any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

CURRENT CHURCH INFORMATION			
Name of Church:		Pastor's Name:	
Mailing Address:	City:	Province/State:	PC/Zip:
Church Phone:	Church Fax:	Church Email: Pastor's Email:	
How long have you attended this church?			
How regularly have you attended in the last year? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain:			

EDUCATIONAL HISTORY			
Name of High School:		Date of Graduation(mm/yyyy):	
School Address:	City:	Province/State:	PC/Zip:
Post Secondary Institutions Attended:		Dates of Attendance:	
Degree/Content of Education:			

EMPLOYMENT INFORMATION
Please list previous work experience:

INTERESTS & HOBBIES	PERFORMANCE ARTS ABILITIES	
	Please rate below (1=beginner, 5=proficient)	
	Drama Ability: 1 2 3 4 5	Singing Ability: 1 2 3 4 5
	Do you play a musical instrument? : <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL SKILLS, CERTIFICATIONS, LICENSES, ETC.	LIST AND RATE YOUR SKILLS OF ANY INSTRUMENTS YOU PLAY	
	Instrument:	1 2 3 4 5
	Instrument:	1 2 3 4 5
	Instrument:	1 2 3 4 5
	Do you lead worship? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FINANCIAL INFORMATION
Are you able to meet your school expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How do you plan on financing your education? <input type="checkbox"/> Savings <input type="checkbox"/> Student loan <input type="checkbox"/> Parents <input type="checkbox"/> Other
If you picked other, please explain:

PERSONAL TESTIMONY
On a separate sheet of paper write out your personal testimony, including the following information (1 to 4 pages). This must be written by the applicant. <ul style="list-style-type: none"> • Explain how and when you received Jesus Christ as your personal Lord and Saviour. • Give some highlights of your Christian walk. • Share how you are growing in your spiritual life at this time and any current ministry involvement. • Share any significant supernatural experiences you've had with God (e.g. filling of the Spirit, supernatural gifts, miraculous healings, etc.). • What are some of the goals you would like to achieve during your time at Living Faith Bible College? • Do you sense God calling you into a particular area of ministry? If so, please explain.
Is your family in support of your decision to attend Living Faith Bible College? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain in your testimony.

PERSONAL REFERENCES	
List the name, complete address, phone number and email address of the two persons (not relatives) who have known you for at least one year. One of these should be your pastor or spiritual leader and the other, a mature Christian over the age of 21. Both must complete a Reference Form and return it directly to LFBC.	
Pastoral Reference Name:	Mailing Address:
Phone #:	Email:
Personal Reference Name:	Mailing Address:
Phone #:	Email:

How did you hear about Living Faith Bible College (referral, internet, ministry tour, LYFE Retreat, radio, etc.)? Please explain:	
To the best of my knowledge all information I have given in this application is complete and true. I authorize Living Faith Bible College to disclose relevant personal information collected on this form as required and I understand that the contents of this application become the property of Living Faith Bible College.	
Applicant's Signature:	Date: