**The Living Word Bible School**

**Student Application**

Name:

Address:

Age: Gender: Cell Phone: ( ) -

Do you regularly attend church? Yes No

If so, what church?

Name of Pastor:

Highest level of education: H.S. Some College College Graduate

Have you ever taken Biblical training/classes before? Yes No

If so, what kind?

Describe your involvement with your church?

Why are you joining the Living Word Bible School?

Who is Jesus to you?

**The Living Word Bible School is Monday, Tuesday’s, and Thursday nights from 7:30 p.m.- 9:30 p.m., for 12 weeks.** It is a 2-year program to officially graduate and consists of fall and spring semesters. It is required that students attend all classes on time, and complete weekly discipleship reports in order to pass each semester.

**Are you able to meet these requirement? Yes No**

In order to do so we expect that you inform your employer, family, and make whatever schedule changes necessary to attend these classes on time and consistently. The Living Word Bible School aims to help educate, equip, and empower students to become Christian Leaders who have a strong foundation in God’s Word and are prepared to work in whatever ministry God calls them to.

*\*There is a $10 fee for each year’s curriculum.*

**I have read this application thoroughly and answered truthfully. I wish to join the Living Word Bible School for the next semester!**

Signature: Date: / /