

LIGHTHOUSE SUPERNATURAL TRAINING CENTER

APPLICATION FORM

Vital Information

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Home Number: _____

Cell Number: _____

Current Address: _____

Permanent Address if different (complete only if different from above): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please attach
a 2 x 2" photo
of yourself here

About You

Birth Date: _____ Age: _____ Birthplace: _____

Gender: Male Female

Marital Status: Single Married Separated Widowed
 Common-law Divorced/Unmarried Divorced/Remarried

If married, will your spouse be attending school? Yes No

<i>Tuition Details</i>	<i>Do not complete; for internal purposes only</i>		
Tuition Costs: \$2500 \$100 Deposit is due with Application Tuition is non-refundable after October 31, 2011	Payment Amount	Payment Date	Payment Method
	Deposit _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card
	1 st Payment _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card
	2 nd Payment _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card
	3 rd Payment _____	Date: _____	<input type="checkbox"/> Cheq <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card

When did you accept Christ as your personal Saviour? _____

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4? Yes No

If yes, how do you know you were baptized in the Spirit? If no, what is your attitude concerning baptism of the Holy Spirit? _____

Describe the present regularity and nature of your personal devotional life: _____

What, in your opinion, are your natural abilities and spiritual gifts? _____

What are your personal plans and hopes following your studies at LSTC? _____

Do you attend church regularly? Yes No

Are you a member at that church? Yes No

How long have you been attending there? _____

Home Church: _____ Denomination: _____

Pastor's Name: _____

Church's Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Church's Phone Number: _____

Have you recently left another church? Yes No

If yes, was it a good parting or are there unresolved issues? _____

List any Christian training/courses you have taken and any ministry/service in which you have participated (i.e. Bible school, YWAM, Sunday school teacher, Elijah House, worship, youth):

Firm/Organization Name _____

Type of Work _____

Start/Finish Dates _____

Firm/Organization Name _____

Type of Work _____

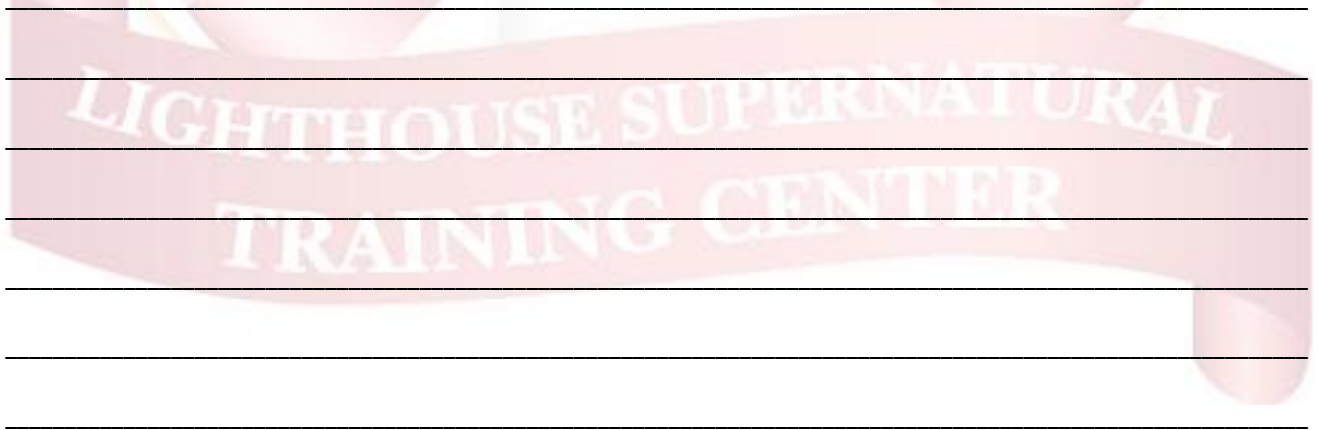
Start/Finish Dates _____

Firm/Organization Name _____

Type of Work _____

Start/Finish Dates _____

Please note any other information you feel is relevant: _____



Medical

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required: _____

Previous Education

Did you graduate from High School? Yes No

Did you attend college/university? Yes No

If yes, what school did you attend: _____ Number of years attended: _____

If yes, what was your major? _____ Date graduated: _____

Family

Name of spouse, if married: _____

Spouse's Birth Date: _____ Spouse's Age: _____

Children (names and ages): _____

Father's Name: _____

Phone Number: _____ Is he living? Yes No

Describe your relationship with your father: _____

Mother's Name: _____

Phone Number: _____ Is she living? Yes No

Describe your relationship with your mother: _____

Experiences

(Answering "yes" to the following questions will not automatically disqualify the applicant from acceptance to LSTC.)

In the past 6 months, have you used tobacco, drugs or alcohol? Yes No

If yes, please explain: _____

Have you been involved with pornography in the last 12 months? Yes No

If so, when was the last time, and what have you been doing to remain pure in this area? _____

Have you been involved in homosexuality within the last five years? Yes No

If so, when was the last time, and please explain what God has done to restore you? _____

Have you ever been arrested? Yes No

If yes, when? _____

Please provide a brief explanation: _____

Have you ever been convicted? Yes No

If yes, where and when? _____

Please provide a brief explanation: _____

Have you ever been involved in the occult, witchcraft, or cults? Yes No

If yes, please provide a brief explanation: _____

Employment

Present Employer (*Your employer may be contacted*): _____

Occupation: _____

Address: _____

Phone Number: _____

Past Employer (*Your employer may be contacted*): _____

Occupation: _____

Address: _____

Phone Number: _____

Past Employer (*Your employer may be contacted*): _____

Occupation: _____

Address: _____

Phone Number: _____

Foreign Students

Are you a foreign student? Yes No

What is your native tongue? _____ Are you proficient in English? Yes No

What visa are you planning to use? _____

School Preparation

Please list any books that you have read, that were written by Bill Johnson or Kris Vallotton: _____

Briefly explain why you want to attend LSTC: _____

What are you really passionate about? _____

Finances

Tuition is \$2500 CDN: a non-refundable deposit of \$100 is due with the application. Monthly payment options are available. Tuition is non-refundable after October 31, 2011.

Lighthouse Supernatural training Center reserves the right to refuse admission or cancel any admission ruling on medical or other grounds.

Declaration of Applicant

I understand that any falsification of information on this application is grounds for dismissal at any time. I agree, if admitted to LSTC, to comply with all rules and regulations of Lighthouse Supernatural Training Centre.

Signature: _____ Date: _____

REFERENCES

Please provide LSTC with three (3) references (i.e. could be personal or work related). One of the three references must come from a pastor.

1st Personal Reference

Full Name: _____

Email Address: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Phone (day): _____ Cell: _____

2nd Personal Reference

Full Name: _____

Email Address: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Phone (day): _____ Cell: _____

Pastor's Reference

Full Name: _____

Name of Pastor's Church: _____

Email Address: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Phone (day): _____ Cell: _____



PERSONAL OR WORK-RELATED REFERENCES

Instructions for the Applicant: Each applicant applying is required to submit TWO personal recommendations for review by the Administration at LSTC. Fill in your name, the date, your mailing address, telephone number(s) and your email address in the section below. Include your web page address if applicable.

Note: This section is to be completed by the applicant.

Applicant's Name: _____ Date: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Phone (daytime): _____ Phone (evening): _____

Instructions for the person completing this reference: the above named is applying for admission to Lighthouse Supernatural Training Centre. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you provide in confidence. Thank you for your assistance.

How long have you known the applicant? _____

Relationship to applicant? _____

1. _____

How well do you know him/her? Please check one.

Very close Fairly well Casually By name/sight

2. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes No Unsure

3. To your knowledge, does the applicant:

(Answering "yes" to this question will not automatically disqualify the applicant from acceptance to LSTC)

Use tobacco? Yes No

Drink? Yes No

Use illegal drugs? Yes No

4. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

5. What do you consider to be the applicant's strengths? _____

6. Their weaknesses? _____

7. Which characteristics best describe the applicant? Please check all that apply.
 Warm-hearted Critical Tolerant Passive Sympathetic Rebellious
 Enthusiastic Teachable Respectful Loving On fire for Jesus Christ

8. Please evaluate the applicant in regard to the following categories. Please check one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the questions below:

Your Name: _____ Phone (day): _____

Phone (eve): _____ Cell: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Signature: _____ Date: _____

Please return this completed form to:

Lighthouse Supernatural Training Centre
49 Boulder Blvd.
Stony Plain, AB T7Z 1V6
Canada

Phone: 780.963.3110 Fax: 780.963.3365

PERSONAL OR WORK-RELATED REFERENCES

Instructions for the Applicant: Each applicant applying is required to submit TWO personal recommendations for review by the Administration at LSTC. Fill in your name, the date, your mailing address, telephone number(s) and your email address in the section below. Include your web page address if applicable.

Note: This section is to be completed by the applicant.

Applicant's Name: _____ Date: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Phone (daytime): _____ Phone (evening): _____

Instructions for the person completing this reference: the above named is applying for admission to Lighthouse Supernatural Training Centre. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you provide in confidence. Thank you for your assistance.

How long have you known the applicant? _____

Relationship to applicant? _____

1. _____

How well do you know him/her? Please check one.

Very close Fairly well Casually By name/sight

2. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes No Unsure

3. To your knowledge, does the applicant:

(Answering "yes" to this question will not automatically disqualify the applicant from acceptance to LSTC)

Use tobacco? Yes No

Drink? Yes No

Use illegal drugs? Yes No

4. _____

In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)? _____

5. What do you consider to be the applicant's strengths? _____

6. Their weaknesses? _____

7. Which characteristics best describe the applicant? Please check all that apply.
 Warm-hearted Critical Tolerant Passive Sympathetic Rebellious
 Enthusiastic Teachable Respectful Loving On fire for Jesus Christ

8. Please evaluate the applicant in regard to the following categories. Please check one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the questions below:

Your Name: _____ Phone (day): _____

Phone (eve): _____ Cell: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Signature: _____ Date: _____

Please return this completed form to:

Lighthouse Supernatural Training Centre
 49 Boulder Blvd.
 Stony Plain, AB T7Z 1V6
 Canada

Phone: 780.963.3110 Fax: 780.963.3365

PASTOR'S REFERENCE

Instructions for the Applicant: Each applicant applying is required to submit TWO personal references for review by Administration. Fill in the date, your name and address in the section below.

Note: This section is to be completed by the applicant.

Applicant's Name: _____ Date: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Phone (daytime): _____

Phone (evening): _____ Cell Number: _____

Instructions for the Pastor: Each applicant at Lighthouse Supernatural Training Centre is required to submit ONE pastoral reference for review by the administration. The above named is applying for admission to Lighthouse Supernatural Training Centre. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you provide in confidence. Thank you for your assistance.

How long have you known the applicant? _____

In what capacity? _____

1. How well do you know him/her? Please check one.

- Very well, pastoral relationship Fairly well, numerous personal contacts
 Casually, few personal contacts By name/sight

2. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes No Unsure

3. To what extent is the applicant engaged in the activities of your church? Please check one.

- Enthusiastic, deeply involved
 Cooperative, usually willing to help
 Seldom participates, although attends regularly
 Attends irregularly, shows little interest

4. In what form of Christian service has the applicant participated regularly? _____

5. What do you consider to be the applicant's strengths? _____

Please add any further comments you may have which would help in our evaluation: _____

Please complete the questions below:

Your Name: _____ Phone: _____

Name of Church and Denomination: _____

Pastoral Position: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Email: _____ Webpage: _____

Signature: _____ Date: _____

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