



Student Application New or Transfer Students

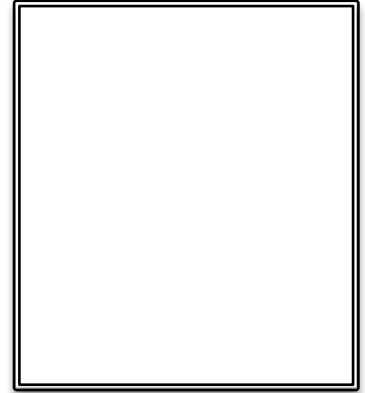
Attach a 2x2" photo of yourself here

Year 1A (new students)

Year 2A

Year 1B (existing students)

Year 2B



STUDENT INFORMATION

First: _____ Middle: _____ Last: _____

Email: _____ Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

PERSONAL

Gender: Male Female T-shirt Size: _____ Birth Date: ____ / ____ / ____ Age: _____

Birthplace: _____ Are you a U.S. Citizen? YES NO

If not a U.S. Citizen, please explain your level of understanding, reading, & writing English:

Marital Status: Single Married Divorced Widowed

If married, will your spouse be attending school? YES NO

If they are not attending, are they in full agreement with your decision? Please explain:

If separated or divorced, please provide an explanation for each marriage and divorce:

SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior? _____

Give a brief description of your Christian experience (Personal relationship with God). Limit statement to 300 words:

Have you been water baptized? YES NO When: _____

Have you had a SOZO? YES NO When: _____

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 & when did it happen?

Do you attend church regularly? YES NO Are you a member? YES NO

How long have you been attending regularly? _____

Home Church: _____ Pastor's Name: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Do you tithe at least 10% of your income regularly to your local church? YES NO

Have you recently left another church? YES NO If yes, was it a good parting or are there unresolved issues?

List any Christian service you have done:

What are you really passionate about?

HEALTH

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

EDUCATION

Did you graduate from High School? YES NO Have a GED/HS Equivalent? YES NO

Did you attend College/University? YES NO What was your major? _____

Graduated from College/University? YES NO Date Graduated: _____

FAMILY

Name of spouse: _____ Spouse's Birth Date: _____ Spouse's Age: _____

Children (names and ages): _____

PARENTS

Father's Name: _____ Living? YES NO Phone: (_____) _____ - _____

Mother's Name: _____ Living? YES NO Phone: (_____) _____ - _____

EXPERIENCES

(Answering "YES" to the following questions will NOT automatically disqualify the applicant from acceptance.)

Have you used illegal drugs in the last six months? YES NO If yes, please explain below:

Have you ever been arrested? YES NO Were you ever convicted? YES NO

If yes, when & where? Please provide a brief explanation:

Have you been involved in 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 sexual immorality in the last 5 years? YES NO

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

Have you ever been involved in the occult, witchcraft, or cults? YES NO

Have you ever been involved in the occult, witchcraft, or cults? YES NO

If yes please provide a brief explanation:

EMPLOYMENT (Your employer may be contacted)

Present Employer: _____ Occupation: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____ - _____

MORE INFORMATION: Briefly explain why you want to attend LSSM:

FINANCES

Tuition is \$2400 and students will be expected to pay at least \$1200.00 before the first day of school. Will you be prepared

to pay it? YES NO If no, please explain:

FIRST PERSONAL RECOMMENDATION

Full Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____ - _____

SECOND PERSONAL RECOMMENDATION

Full Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____ - _____

PASTORAL RECOMMENDATION

Full Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____ - _____

AGREEMENT: I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read the LSSM Student Handbook. I accept all terms and conditions as stated in the LSSM Student Handbook and agree to abide by all terms and conditions while a student of Legacy School of Supernatural Ministry. Signature: _____ Date: _____

How did you hear about LSSM? Student Referral: _____ (name of student)

- LSSMFam.com LegacyFam.com Word of Mouth
- Event _____ Facebook Other Referral _____