

LIVING WORD TRAINING CENTER APPLICATION

Personal Information

Full Name: _____

Address: _____

Phone #: _____ Email: _____ Cell #: _____

Employer: _____ Work Phone #: _____

Marital Status: Single Married Widowed Divorced Remarried Separated

of Children: _____ Ages: _____

If married, will your spouse be enrolling in LWTC? Yes / No

Is your spouse in agreement with your enrollment in LWTC? Yes / No

If no, please explain: _____

Church Information

Name of Congregation: _____

Address: _____

Name of Pastor: _____ Phone #: _____

Has your congregational leadership affirmed your enrollment in LWTC? Yes / No

If no, explain: _____

Character Reference *(Other than pastor or family member)*

Name: _____ Phone #: _____

Address: _____

Do you know the area of ministry to which God is leading you? Please comment briefly:

Have you been active in Christian service? Please list your involvement:

Briefly describe how & when you came to know and committed yourself to Jesus as Lord:

Briefly describe your understanding and experience of what it means to be spirit-filled:

Describe your relationship with your immediate family members:

Describe the greatest challenge you have in your family:

Describe your present relationship with your parents:

If you could change one thing about yourself, what would you most want to change?

Check which, if any, of the Gifts of the Spirit listed in I Corinthians 12 that you have flowed in during ministry:

- | | | |
|--|--|--|
| <input type="checkbox"/> Word of Wisdom | <input type="checkbox"/> Gifts of Healing | <input type="checkbox"/> Discerning of Spirits |
| <input type="checkbox"/> Word of Knowledge | <input type="checkbox"/> Working of Miracles | <input type="checkbox"/> Diverse Kinds of Tongues |
| <input type="checkbox"/> Faith | <input type="checkbox"/> Prophecy | <input type="checkbox"/> Interpretation of Tongues |

In reference to the motivation gifts in Romans 12:6-8, are you aware of the distinguishing characteristics of these gifts?

Yes / No

If yes, use 1,2,3... to score your strongest motivations. (1 = strongest)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Prophecy | <input type="checkbox"/> Giving |
| <input type="checkbox"/> Serving | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Mercy |
| <input type="checkbox"/> Exhortation | |

In reference to the ministry gifts noted in Ephesians 4:11, do you sense a call to serve in one of these capacities? (Apostle, Prophet, Evangelist, Pastor, Teacher) If so, briefly explain:

Please list any previous Biblical training and/or courses that you may have had or taken:

Training/Course	Where	When

Briefly describe why you believe the Lord is leading you to enroll in LWTC:

Please submit completed application & registration fee of \$25.00 (*checks payable to NWCC*) to:

Living Word Training Center
c/o New Wine Christian Center
50 Blunston Lane
York, PA 17406
Attn: Mike & Pat Marcus

FOR OFFICE USE ONLY

Date Application Received _____
Date Application Reviewed _____
Registration Accepted _____
Registration Fee Paid _____
Initials of LWTC Rep _____