

LEAD South Georgia

STUDENT APPLICATION

Personal Information

Full Name: _____ Date of Birth: ____/____/____

Male Female Presently living with: Parents Roommate Alone Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Ethnic Background (optional): Caucasian Hispanic African American Asian American
 American Indian Caribbean Islander Other: _____

Family Information

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

List siblings and their ages:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

Health Information

Allergies or dietary needs: _____

List types and dates of recent immunizations: _____

Do you currently or have you ever taken mood altering medications (anti-depressants, Ritalin, etc.)?

Yes No If Yes, please explain: _____

List any other medications you are currently taking: _____

Have you ever undergone psychological or mental treatment including professional counseling? Yes No

If Yes, please explain: _____

List any physical limitations: _____

Have you ever used illegal drugs? Yes No If Yes, date of last use: _____

If Yes, list drugs used: _____

Do you currently smoke? Yes No

Do you currently drink alcoholic beverages? Yes No

If Yes, date of last use: Tobacco _____ Alcohol _____

Do you currently have a health savings plan or other form of medical insurance? Yes No

Financial Information

Have you received a copy of the program fees and understand the cost for attending LEAD South Georgia?

Yes No

How do you plan to pay for LEAD South Georgia?

Donation letters/Fund Raise Financial Aid (College Only) Out of Pocket

Other (please explain): _____

Will you have the required down payment by the deadline? Yes No

If No, please explain: _____

Are you currently employed? Yes No

Employer: _____

Position/Title: _____

Hours Per Week: _____

Employer's Phone: _____

Are you personally in debt? Yes No

Do you understand that you will not be able to hold full time hours of employment during the first and second year of enrollment? Yes No

Do you plan to bring an automobile? Yes No

Do you have insurance? Yes No

Church Information

Church: _____ Denomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Lead Pastor: _____ Youth Pastor: _____

How long have you attended?: _____ Are you a member? Yes No

List all the ministries you are currently involved in or serve in:

Spiritual Background

When did you accept Christ? ____/____/____ Where? _____

Have you ever been baptized in water? Yes No

Describe your current relationship with God: _____

Describe your devotional life and practices: _____

How supportive are your parents/guardians about your desire to attend LEAD South Georgia?

Totally Supportive Somewhat Unsupportive Somewhat Supportive

Supportive Very Supportive

Educational Background

Check last year completed: High School 11th 12th College 1 2 3 4

Name of High School: _____ City/State: _____

Year of Graduation: _____ GPA: _____ Check One: Diploma GED

If you attended College, please list the institution(s): _____

Do you understand that tuition costs are in addition to LEAD Program Fees? Yes No

Do you plan to apply for federal financial aid for Online School? Yes No

Personal Background

What interests you about LEAD South Georgia? _____

Do you serve in any leadership roles in your church? If so, please explain: _____

Do you serve in any leadership roles outside the church? If so, please explain: _____

Are you willing to make a one year commitment to LEAD South Georgia? Yes No

Please check which is most applicable to your sense of "calling" at this time:

- I am confident that God is calling me into a vocational ministry of some kind
- I do not believe God is calling me into vocational ministry at this time
- I am not sure, but I am open to the idea that God is calling me into vocational ministry

Please check all applicable options you are considering upon completion of the LEAD Program:

- Seeking full time employment (non-ministry based)
- Pursuing a college degree (on campus)
- Seeking placement for vocational ministry
- Other (please describe): _____

List some of your gifts and abilities that you would like to use for Christ and develop through LEAD: _____

Have you ever been arrested? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes to either of the above questions, please explain: _____

References

1. Name _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

2. Name _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

3. Name _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Personal Testimony

On a separate sheet of paper, please give your personal testimony. It should be a minimum of 500 words, typed. Please tell us about yourself, your salvation, experience, your church, your family, and what God has taught you about life and death.