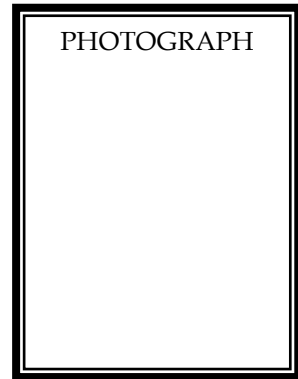


STUDENT APPLICATION

Applying for: _____ School of Kingdom Foundations - SKF
_____ School of Supernatural Ministry - SSM

a- PERSONAL INFORMATION

First name: _____
Last name: _____
Address: _____
City: _____
Home Phone: _____
Mobile: _____
Home Email: _____
Work Email: _____
Date of Birth: _____ dd _____ mm _____ yr Age: _____
Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed
Occupation and / or Employer: _____
Preferred Language: _____ English _____ Spanish



b- DENOMINATIONAL / SPIRITUAL HISTORY

Name Church you attend: _____
Denomination and/or Apostolic Afiliation, if any: _____
Pastor, Overseer or Apostle: _____
Address: _____ City: _____
How long have you been attending your present church _____
Did you accept Christ as your personal Savior? ___ Yes ___ No
Have you been baptized? ___ Yes ___ No

In what areas of church life are you currently serving or have served in the past?

c- HAVE YOU ATTENDED?

- School of Kingdom Foundations at KLI, ___ Yes ___ No

Date Graduated: _____ Mountain: _____

- The Father's Heart at New Life Tabernacle, ___ Yes ___ No Date _____

- Kingdom Basics at New Life Tabernacle, ___ Yes ___ No Date _____

- Kingdom Finance at New Life Tabernacle, ___ Yes ___ No Date _____

d- EDUCATION (Post High School)

Institution: _____

Degree: _____ Major: _____

Date Graduated: _____ Numbers of years attended: _____

e- AUTHORIZATION

Your signature below:

- Authorizes Kingdom Leadership Institute to verify all requested records and allow review of your application for the admission process.
- Confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of Applicant _____ Date _____

The Institute reserves the right to deny admission to an applicant. The Institute reserves the right to require withdrawal of any student who is considered to be out of harmony with the philosophy of the Institute.