

Living Stones College Application

Personal Information

Full Legal Name: _____

Preferred Name: _____

Address: _____

Street

City, State

Zip

Phone: () _____ () _____

Home

Cell

Email: _____ Birth Date: _____

Age: _____ Male: Female:

Marital Status:

Single Married Widowed Separated Divorced Re-Married

Please place
photo here

For Singles:

Parent(s) you are living with: _____

If you do not live with your parents, with whom do you live? _____

For Married Applicants:

Name of Spouse: _____ Anniversary: _____

Is your spouse supportive of you attending? Yes No

If no, please explain: _____

Children:

Name: Gender: Age: Living with you?

1. _____

2. _____

3. _____

4. _____

Education:

List high school, college, and other institutions of higher education you have attended.

Name: City, State: Dates: Degree/s:

1. _____

2. _____

3. _____

4. _____

Occupation:

List employment history for the past five years.

Name: City, State: Dates: Type of Work:

1. _____

2. _____

3. _____

4. _____

Ministry Information

What church are you a member of and for how long? _____

What other churches have you attended and for how long? _____

List all church ministries you have served in for the last three years and the length of service:

Have you participated on a mission team? Yes No

When, where, and with what organization? _____

Are you involved in a cell/lifeGROUP at your church? Yes No

For how long? _____ Do you attend regularly? Yes No

What is your cell/lifeGROUP leader's name?

What is their email? _____ Phone #? _____

Do you lead a cell/lifeGROUP? Yes No If yes, for how long? _____

Have you completed any ministry leadership training? Yes No

If so please list any completed levels of training: _____

What do you consider to be your two greatest strengths, and how do you use them? _____

1. _____

2. _____

What do you consider to be your two greatest weaknesses, and how are you correcting them? _____

1. _____

2. _____

Health Information

Describe any disease, disorder, or disability that requires special attention: _____

Are you presently taking any medications? Yes No If yes, please explain: _____

In case of emergency, whom should we contact?

Name: _____ Email: _____

Address: _____

Phone(s): Home: _____ Work: _____ Cell: _____

Medical Consent:

I, the undersigned, do hereby state that on the date indicated I grant full permission to Living Stones College, or any related or consulting physician, to render or give emergency medical care or treatment that is deemed necessary. I also state that should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve Living Stones College of any financial liability pertaining to such medical treatment or hospitalization.

Printed Name: _____ Signature: _____ Date: _____

If under 18, parent/guardian approval:

Printed Name: _____ Signature: _____ Date: _____

For Office Use Only:

- Completed Application
- Application Fee
- Pastoral Recommendation
- Cell/lifeGROUP Leader Recommendation

Pastoral Recommendation

Please return this form directly to the applicant in a sealed envelope or mail it to:
Living Stones College, P.O. Box 1399, Crown Point, IN 46308 Attn: LSC Registrar

Applicant's Name: _____

Your Name: _____ Email: _____

Address: _____
Street City, State Zip

Phone: () _____ () _____ Occupation: _____
Home Cell

1. How long has the applicant attended your church/cell? _____
How well do you know him/her?
 Very well Fairly well Casually By name/sight

2. What are the strengths and spiritual gifts of the applicant according to your observations?

3. What is your assessment of the applicant's weaknesses? _____

4. What is the applicant's affect on his/her peers?
 Positive Neutral Negative Unknown

5. Please try and assess the following based on your knowledge of the applicant:
Uncertain Fair Good Very Good Outstanding

Spiritual Maturity.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Devotion to Christ.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and Honesty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to Correction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Serve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on back.

Pastoral Recommendation

6. Are there any complex family factors that you know of which might affect the applicant?

7. Would you support this applicant's decision to attend Living Stones College? _____

8. I recommend this applicant for Living Stones College:

Highly Positive Neutral With reservations Do not recommend

9. Any other additional comments you would like to share: _____

Signature: _____ Date: _____

Cell/lifeGROUP Leader Recommendation

Please return this form directly to the applicant in a sealed envelope or mail it to:
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Applicant's Name: _____

Your Name: _____ Email: _____

Address: _____
Street
City, State
Zip

Phone: () _____ () _____ Occupation: _____
Home
Cell

1. How long has the applicant attended your church/cell? _____
 How well do you know him/her?
 Very well Fairly well Casually By name/sight

2. What are the strengths and spiritual gifts of the applicant according to your observations?

3. What is your assessment of the applicant's weaknesses? _____

4. What is the applicant's affect on his/her peers?
 Positive Neutral Negative Unknown

5. Please try and assess the following based on your knowledge of the applicant:
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Self-Discipline.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Ability to Work with Others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Physical Health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Please continue on back.

Cell/lifeGROUP Leader Recommendation

6. Are there any complex family factors that you know of which might affect the applicant?

7. Would you support this applicant's decision to attend Living Stones College? _____

8. I recommend this applicant for Living Stones College:

Highly Positive Neutral With reservations Do not recommend

9. Any other additional comments you would like to share: _____

Signature: _____ Date: _____