

## Please Print In Black or Blue Ink and Mail to the Schools Address Below

|  |  |
| --- | --- |
| Last Name First Middle | Date |
| Street Address | Social Security Number |
| City State Zip | Home Phone |
| Country of Citizenship | Office phone |
| Have you ever applied to this school before?   Yes, Date (s)  No | Date Of Birth |
| E-Mail Address | Ethnic Origin (optional) |

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| --- | --- | --- | --- | --- | --- |
| EDUCATION | NAME OF SCHOOL | COURSE OF STUDY | # YEARS  COMPLETED | DID YOU  GRADUATE? | DIPLOMA OR  DEGREE |
| HIGH  SCHOOL |  |  |  | YES NO |  |
| TRADE OR  BUSINESS SCHOOL |  |  |  | YES NO |  |
| COLLEGE  UNIVERSITY |  |  |  | YES NO |  |
| COLLEGE  UNIVERSITY |  |  |  | YES NO |  |
| GRADUATE  SCHOOL |  |  |  | YES NO |  |

**Military Service Branch of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. of Years:\_\_\_**

|  |  |  |
| --- | --- | --- |
| Are you an active church member? | Pastor’s Name | How Long? |
| Church Name & Address |  | Church phone |
| List any Church related experience: |  |  |
|  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | \_\_\_\_\_\_ | Basic Introductory Examination |  | \_\_\_\_\_\_ | Minister’s Degree |
|  | \_\_\_\_\_\_ | Certificate of Biblical Studies |  | \_\_\_\_\_\_ | Master of Ministry |
|  | \_\_\_\_\_\_ | Associate of Biblical Studies |  | \_\_\_\_\_\_ | Master of Clinical Christian Counseling |
|  | \_\_\_\_\_\_ | Bachelor of Biblical Studies |  | \_\_\_\_\_\_ | Master of Christian Education |
|  | \_\_\_\_\_\_ | Bachelor of Ministry |  | \_\_\_\_\_\_ | Master of Divinity |
|  | \_\_\_\_\_\_ | Bachelor of Theology |  | \_\_\_\_\_\_ | Doctor of Ministry |
|  | \_\_\_\_\_\_ | Bachelor of Pastoral Counseling |  | \_\_\_\_\_\_ | Doctor of Theology |
| I certify that, to the best of my knowledge, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. Please submit a $50 non-refundable application fee with this application and a recent photograph to: **The LoSot Office of Admissions**, **P.O. Box 16274,** **Lake Charles, La. 70616**. Email: LordsOutreach@aol.com Payment Information: Amount To Charge: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Money Order \_\_\_\_\_Check\_\_\_\_\_Visa \_\_\_\_\_MasterCard \_\_\_\_\_Diners Club \_\_\_\_\_Discover/Novus \_\_\_\_\_American Express **MasterCard Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**  **Exp. Date: Mo.\_\_\_\_ \_\_\_\_ / Year \_\_\_\_ \_\_\_\_. Applicants Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Note: Credit Card Billing Address Must be Specified Here, If Different Than Applicant Mailing Address:  Applicant or Charge Card Signature Must Sign Here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | Bachelor of Christian Education |  | \_\_\_\_\_\_ | Doctor of Clinical Christian Counseling |