

# THE LORD'S OUTREACH SCHOOL OF THEOLOGY

## APPLICATION FOR ADMISSION/REGISTRATION



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? <input type="checkbox"/> Yes, Date (s) <input type="checkbox"/> No			Date Of Birth
E-Mail Address			Ethnic Origin (optional)

EDUCATION	NAME OF SCHOOL	COURSE OF STUDY	# YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE OR BUSINESS SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>Military Service</b>	<b>Branch of Service:</b>	<b>Rank:</b>	<b>Amt. of Years:</b>
Are you an active church member?	Pastor's Name	How Long?	
Church Name & Address			Church phone
List any Church related experience:			

<input type="checkbox"/> Basic Introductory Examination <input type="checkbox"/> Certificate of Biblical Studies <input type="checkbox"/> Associate of Biblical Studies <input type="checkbox"/> Bachelor of Biblical Studies <input type="checkbox"/> Bachelor of Ministry <input type="checkbox"/> Bachelor of Theology <input type="checkbox"/> Bachelor of Pastoral Counseling <input type="checkbox"/> Bachelor of Christian Education	<input type="checkbox"/> Minister's Degree <input type="checkbox"/> Master of Ministry <input type="checkbox"/> Master of Clinical Christian Counseling <input type="checkbox"/> Master of Christian Education <input type="checkbox"/> Master of Divinity <input type="checkbox"/> Doctor of Ministry <input type="checkbox"/> Doctor of Theology <input type="checkbox"/> Doctor of Clinical Christian Counseling
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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](mailto: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:** \_\_\_\_\_