LAMP
SCHOOL OF DISCIPLESHIP
STUDENT APPLICATION

STUDENT INFORMATION

Name_____ Cell (____)_____ Home (____)_____
       First   Middle Initial   Last

E-Mail _____ Church Affiliation _____

Home Address_____
        Number   Street   City   State   Zip Code

Birth Date ___-___-19____   Marital Status: Married __ Single __ Widowed __ Divorced __

What is the main purpose for enrolling in LAMP School of Discipleship? _____

When do you wish to enroll? _____ Current Ministry Position_____

How did you find out about LAMP? Friend __ Coworker __ LAMP Student __ Other _____

What program would you like to register for: (choose all that apply)

☐ **Overview of the Bible Old Testament**   ☐ **Deacon Training**
☐ **Overview of the Bible New Testament**   ☐ **Elder Training**
☐ **Bible Doctrine I**   ☐ **Bible Doctrine II**
☐ **Bible Teacher**

I affirm that the information provided in this application is true and accurate to the best of my knowledge.

_____   _____
      Signature of applicant   Date