



# Application for Admission

1. Please print in ink (use black ink only).
2. Submit application with \$50.00 non-refundable application fee.
3. Submit Pastoral and Personal Recommendation forms to the Admissions office.
4. Enclose the required \$100.00 registration fee.
5. Please complete all information in this application and sign where applicable.
6. Please attach a photograph 2 ½" x 3" to be included in your student file.

Approved By:

Last Name	First		Middle	
Current Address	City	State	Zip Code	
Social Security#	Home Phone#		Cell Phone#	
Work Phone#	DOB (m/d/y)	Age	Gender M      F	U.S. Citizen Y      N
Email Address		Ethnicity		

[illegible]

## Educational and Occupational History

### Education

☐ High School ☐ GED School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**List all educational institutions attended.** (please provide official copies for review)

Name of School	Dates	Major/Diploma/Degree

### Work

**List your work experience starting with current employer.**

Name of Employer	Duties Performed	Dates

**List any special occupational or professional skills you are trained in:**

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## Personal Statements

Have you ever been on or are you currently on probation? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been accused, questioned, or investigated for child abuse, child neglect, child molestation, or spousal abuse? ☐ Yes ☐ No

**If you have answered yes to any of these questions, please provide details:**

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## Financial Information

Please identify how you plan to pay your school tuition: (i.e. Own employment, Spouse employment, Savings, Parents.....etc)

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Please explain your financial situation:

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*(Please refer to the student catalog/handbook for a schedule of tuition and other required fees)*

## Church Affiliation & References

**Church Background** - Identify the denomination in which you were raised.

Denomination: \_\_\_\_\_

List the name of the Church you currently attend or you are a member of:

Church Name: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Please list the current ministry or ministries you are currently active in your local church or community:

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## Personal Friend Reference

Name

Address

City

State

Zip Code

Phone

E-mail

## Pastoral Reference

Name

Address

City

State

Zip Code

Phone

E-mail

## Your Ministry

Date you were born again: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please explain your personal Salvation experience:

Please state briefly your ministry goals and why you want to attend Life Point Christian University:

Are you (please select) **Licensed** ☐ or **Ordained** ☐?

If so, state denomination/organization: \_\_\_\_\_

Have you ever had your license or ordination papers revoked? **Y** **N**

Identify the area(s) of ministry to which you feel God has called or is calling you to: (Please select all that apply)

- |  |  |   |                                     |                                   |
|--|--|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Pastor            | <input type="checkbox"/> Street Ministry     | <input type="checkbox"/> Media          | <input type="checkbox"/> Apostolic  | <input type="checkbox"/> Dance    |
| <input type="checkbox"/> Assistant Pastor  | <input type="checkbox"/> Prison Ministry     | <input type="checkbox"/> Administration | <input type="checkbox"/> Prophetic  | <input type="checkbox"/> Drama    |
| <input type="checkbox"/> Minister of Music | <input type="checkbox"/> Hospital Ministry   | <input type="checkbox"/> Helps          | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Missionary Work   | <input type="checkbox"/> Visitation Ministry | <input type="checkbox"/> Business       | <input type="checkbox"/> Teacher    | <input type="checkbox"/> Other    |

## Emergency Information/Medical Consent

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

I, the undersigned, do hereby grant full permission to LPCU or any related or consulting physician to render any emergency medical aid, care or treatment that they deem necessary. I release LPCU and their representatives from all liability in the case of an emergency.

We reserve the right to refuse entrance to anyone and any illegal or illicit behavior will constitute grounds for immediate dismissal. Please sign and date below:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Faith

**By attending Life Point Christian University, you are affirming that LPCU is guided by and will teach classes according to the following tenets of Christianity:**

1. We believe that the Bible alone (the 66 books of the Old and New Testaments) is the inspired, inerrant in the original writings, infallible, and authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, his virgin birth, his sinless life, and his miracles. He graciously paid the penalty for our sins through his substitutionary death and shed blood on the cross. Moreover, we believe in his bodily resurrection, his ascension to the right hand of the Father, and his personal return in power and glory.
4. We believe all human beings are by nature sinful and lost and that salvation is through faith alone in Christ alone.
5. We believe in the present ministry of the Holy Spirit who provides regeneration (I.e. spiritual rebirth) and by whole indwelling the Christian is enabled to live a godly life with power and authority.
6. We believe in the bodily resurrection of the just and the unjust – the everlasting blessedness of the saved and the everlasting conscious punishment of the lost.
7. We believe in the spiritual unity of all believers in our Lord Jesus Christ.
8. We believe God has ordained the foundation of the family unit and that man is the special creation of God, made in His own image. He created them male and female. The gift of gender is thus part of the goodness of God's creation. Therefore, marriage is the sanctity of one man and one woman.
9. In water baptism, and observance of the Lord's Supper.
10. Healing is provided in the redemptive work of Christ and is available to every believer.

☐ I affirm that Life Point Christian University will teach classes according to the above tenet of faith.

☐ I have placed my faith for salvation in Jesus Christ alone, who, as the Second Person of the Trinity, fully God and fully man, died for my sins and rose from the dead.

☐ I will actively participate and engage in the spiritual formation process and Life Point Christian University which includes, but is not limited to, Bible classes, prayer, discipleship, mentoring, and community service.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Truth

I hereby apply to LPCU and certify to the best of my knowledge the information given in this application is correct. I agree to abide by the regulations and standards of LPCU. I understand that all items submitted to LPCU as part of this application process become the property of LPCU and will not be returned. If LPCU is notified that any information contained on this application is false, it will be grounds for immediate dismissal.

**Electronic Signature:** You consent and agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action while using any electronic service we offer; or in accessing or making any transactions regarding any document, agreement, acknowledgement, consent, term, disclosure, or condition constitutes your signature, acceptance and agreement as if actually signed by you in writing. Further, you agree that no certification authority or other third party verification is necessary to validate your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or resulting contract between you and LPCU. **You understand and agree that your eSignature executed in conjunction with the electronic submission of your application will be legally binding and such transaction will be considered authorized by you.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_