



Mail To:  
Good News Church  
400 Warren Rd  
Augusta, GA 30907

**Student Application**  
[office@goodnewsaugusta.com](mailto:office@goodnewsaugusta.com)  
706.739.0022

**I. PERSONAL DATA**

Title:  Mr.  Mrs.  Miss  Pastor  Evangelist Today's Date: \_\_\_ / \_\_\_ / \_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Skype \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Marital Status:  Single  Married

Education:  
\_\_\_\_\_  
\_\_\_\_\_

**II. SPIRITUAL DATA**

Date of Salvation: \_\_\_\_\_ Date Baptized in the Holy Spirit: \_\_\_\_\_  
(With the evidence of speaking in tongues)

Give a brief testimony of your salvation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

1. Name: _____	2. Name: _____
Relationship to you: _____	Relationship to you: _____
Phone: ( ) _____ - _____	Phone: ( ) _____ - _____

## II. SPIRITUAL DATA (continued)

What church do you attend? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Phone: (     ) \_\_\_\_\_ – \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ – \_\_\_\_\_

Pastor: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Christian Reference (Non family member):     How long has this person known you? \_\_\_\_\_ years

Name: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ – \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ – \_\_\_\_\_

Ministry Experience/Abilities:

Preaching/Teaching    Administration    Children's Ministry    Youth    Photography

Videography    Sound    Vocals    Instrument: \_\_\_\_\_

(Other)

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Ministry Goals:

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Application & \$200 Deposit due by: **May 1st, 2012**      Final Payment due by: **June 5th, 2012**

Total Payment Made: \$ \_\_\_\_\_



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**Reference Form**

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(PLEASE GIVE TO A NON-FAMILY MEMBER THAT HAS KNOWN YOU FOR AT LEAST 1 YEAR.)

**Name of Applicant:** \_\_\_\_\_

The person named above is applying for admission to Incite School of Miracle Evangelism. We'd like to receive your help with a candid appraisal of the applicant's qualifications in the following areas of evaluation. This will help us to asses the Christian character and ministerial potential of the applicant.

CIRCLE THE NUMBER THAT BEST APPLIES TO THE APPLICANT IN EACH AREA OVER THE PAST 6 MONTHS.

<b>Are they?</b>	<b>POOR</b>									<b>GREAT</b>
Testimony to others	1	2	3	4	5	6	7	8	9	10
Moral Integrity	1	2	3	4	5	6	7	8	9	10
Dependability	1	2	3	4	5	6	7	8	9	10
Takes Initiative	1	2	3	4	5	6	7	8	9	10
Perseverance	1	2	3	4	5	6	7	8	9	10
Team Player	1	2	3	4	5	6	7	8	9	10
Leadership Potential	1	2	3	4	5	6	7	8	9	10
Balanced Emotionally	1	2	3	4	5	6	7	8	9	10
Friendliness	1	2	3	4	5	6	7	8	9	10
Common Sense	1	2	3	4	5	6	7	8	9	10
Well Liked by others	1	2	3	4	5	6	7	8	9	10
Respect for authority	1	2	3	4	5	6	7	8	9	10
Teachable	1	2	3	4	5	6	7	8	9	10

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact Number: ( ) \_\_\_\_\_

Relationship to applicant? \_\_\_\_\_ How long have you know each other? \_\_\_\_ yrs

PLEASE SEND DIRECTLY TO THE ABOVE ADDRESS, WITHOUT THE APPLICANT REVIEWING YOUR RESPONSES.  
 Thank you for your assistance!