

Student Application

Basic Training Church Leadership Academy



Return this application with the \$20 application fee to:

**Church Leadership Academy/CM
The Christian and Missionary Alliance
8595 Explorer Drive
Colorado Springs, CO 80920**

Name _____ Date _____
Last name First name M. I.
Address _____ Tel. _____
City _____ State _____ Zip _____
Date of birth _____ Sex: ☐ M ☐ F Marital status: ☐ Married ☐ Single
☐ Widowed ☐ Divorced
Current occupation _____
Church name _____ Phone _____
Church address _____ District _____
City _____ State _____ Zip _____
Pastor's name _____
How long have you been attending this church? _____ Member? ☐ Yes ☐ No
Date of your conversion to Christ _____
Current office or position in the church _____

On the reverse side of this application, describe briefly your conversion to Christ and your Christian walk since that time.

THE FOLLOWING MUST BE COMPLETED BY YOUR PASTOR OR CHURCH ELDER.

As a leader of this congregation, I have interviewed the applicant and have discussed his/her plans for training. On the basis of my interview and my observation of his/her spiritual experience, I recommend him/her for the Basic Training program of the Church Leadership Academy.

Signature _____ Printed name _____
☐ Pastor ☐ Elder Date _____