



LivingStones

Enjoying God, Loving People

College

Application for Admission

Application Process

Living Stones College classes are offered in monthly terms on Mondays — Thursdays from 9:00—11:00 AM and Mondays and Wednesdays from 6:45—9:45 PM. A student may elect to attend school full-time or part-time.

Prerequisites for Admission

The applicant should:

1. Have a high-school diploma or G.E.D. NOTE: Homeschool students are welcome to apply for individual classes.
2. Have evidence of a genuine salvation experience and lifestyle standards which consistently display a consecrated walk with the Lord.
3. Be a committed member of Living Stones or a network related church.
4. Have attended a weekend Encounter. Prospective students from Living Stones Church must have also completed Post-Encounter classes. NOTE: Any student that has not attended an Encounter must register for and attend our Living Stones October Encounter as part of their Spiritual Development requirements.
4. Have both a Pastoral and Cell Leader Recommendation Form completed.

One-time, non-refundable application Fee: \$25

Application Process: It is recommended that full-time students begin their studies in September. Part-time students may begin the college any month that classes are being offered. Application forms can be found online or in the school office. A student must only apply to the college one time, even if he or she does not take courses every month. The student's application and grades will be kept on file.

Applicant's Checklist:

- Completed application submitted
- \$25 application fee
- Pastor's Recommendation Form
- Cell Leader's Recommendation Form
- One passport style photo

All items on this checklist must be received before your application will be reviewed. Students will then be notified of their acceptance within two weeks.

Application and all required documents should be submitted to:

**Living Stones College
909 North Pratt Street
Crown Point, IN 46307
219-663-7729 ext. 20**

Application Form

For Office Use Only:

- Completed Application
- Application Fee
- Photo
- Recommendation Forms

Student ID# _____

Please attach one passport style photo here

Full Legal Name: _____
Last First Middle

Preferred Name: _____

Address: _____
Street/P.O Box City, State Zip

Phone: () _____ () _____
Day Evening
() _____

Social Security Number _____ *Cell* Passport Number _____

E-mail: _____

Male Female Birthdate: _____ Age: _____

How long have you been a member of Living Stones Church? _____

If you are not a member of Living Stones Church, where are you a member?

For how long have you been a member?

Where is your church located? _____

Who is your pastor? _____

Application Form continued

Marital Status:

Single Married Widowed Separated Divorced Remarried

For Singles:

Parent(s) you are living with: _____

Address: _____

Phone: _____

If you do not live with your parents, with whom do you live? _____

For Married Applicants:

Name of Spouse: _____ Date of Marriage: _____

Is your spouse supportive of your attending LSC? m YES m NO If no, explain:

Children:

Name:	Gender:	Age:	Living with You?
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Educational:

List high school, college, and other institutions of higher education you have attended.

Name	City, State	Dates Attended	Degree Earned
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Occupational:

List employment for the past five years.

Name	City, State	Dates Employed	Type of Work
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Health Information

Describe any disease, disorder, or disability that may require special attention: _____

Are you presently taking any medications? YES NO If yes, please explain. _____

In case of an emergency, whom should we contact?

Name _____

Address _____

Phone (home) _____ (work) _____

Medical Consent:

I, the undersigned, do hereby state that on the date indicated I grant full permission to Living Stones College, or any related or consulting physician, to render or give emergency medical care or treatment that is deemed necessary. I also state that should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve Living Stones College of any financial liability pertaining to such medical treatment or hospitalization.

Signature _____ Date _____

If under 18, parent/guardian signature: _____ Date: _____

Spiritual Inventory

When did you accept Christ as your personal Savior?

Have you been baptized in water? YES NO Date: _____

Have you received the Baptism of the Holy Spirit with the evidence of speaking in tongues?
 YES NO Date: _____

Have you ever used or been involved in the following? *(if yes, how long ago)*

- | | | |
|--|--------------------|-------|
| <input type="radio"/> YES <input type="radio"/> NO | Alcohol | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Drugs | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Gambling | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Eating Disorders | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Homosexuality | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Pornography | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Sexual Promiscuity | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Occult/Witchcraft | _____ |
| <input type="radio"/> YES <input type="radio"/> NO | Arrested/Convicted | _____ |

Comments on any of above: _____

Please try to assess the following in yourself: (1 – poor; 2 – fair; 3 – good; 4 – very good; 5 – Outstanding)

- | | |
|-----------------------------------|----------------------------|
| _____ Spiritual Maturity | _____ Devotion to Christ |
| _____ Personal Integrity | _____ Self-Discipline |
| _____ Willingness to Serve | _____ Willingness to Learn |
| _____ Interpersonal Relationships | _____ Family Life |
| _____ Ability to work with others | _____ Communication Skills |
| _____ Leadership Skills | _____ Reliability |
| _____ Physical Health | |

Comments on any of above: _____

Purpose, Calling, Gifts

What major degree plan will you be choosing?

- Pastoral/Leadership Mission Worship Arts Christian Business

Give the main reasons for applying to this school. _____

What do you believe God has called you to do? _____

What do you consider to be your two greatest strengths and how do you use them or plan to use them?

1. _____

2. _____

What do you consider to be your two greatest weaknesses, and how are you correcting them?

1. _____

2. _____

Pastoral Recommendation

* Please return this form directly to the applicant in a sealed envelope, or mail it to:
LIVING STONES COLLEGE 909 N PRATT CROWN POINT, IN 46307

Your Name: _____

Church Name: _____

To be completed by the applicant:

Last Name: _____ First Name: _____

Address: _____

Phone: _____ E-mail _____

Address: _____

Phone: _____ Your Position: _____

E-mail: _____

1. How long have you know the applicant? _____
How well? Very well Fairly well Casually By name/sight

2. Please describe the applicant's level of involvement in your church.
(check all that apply)

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="radio"/> Attends regularly | <input type="radio"/> Cooperative | <input type="radio"/> Interested |
| <input type="radio"/> Attends irregularly | <input type="radio"/> Involved | <input type="radio"/> Distant |
| <input type="radio"/> Enthusiastic | <input type="radio"/> Willing to help | |

3. What are the strengths and spiritual gifts of the applicant according to your observations?

4. What is your assessment of the applicant's weakness? _____

5. What is the applicant's affect on his/her peers?

- Positive
- Neutral
- Negative
- Unknown

6. Please try to assess the following based on your knowledge of the applicant:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Devotion to Christ.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and Honesty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to correction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to serve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on any of the above: _____

7. Are there any complex family factors that you know of which might affect the applicant's studies? _____

8. I recommend this applicant for the Living Stones College.

- Highly Recommend
- Recommend
- Recommend with reservations*
- Do not Recommend*

*Please explain concerns below.

Signature _____ Date _____

Cell Leader Recommendation

* Please return this form directly to the applicant in a sealed envelope, or mail it to:
LIVING STONES COLLEGE 909 N PRATT CROWN POINT, IN 46307

Your Name: _____

Church Name: _____

To be completed by the applicant:

Last Name: _____ First Name: _____

Address: _____

Phone: _____ E-mail _____

Address: _____

Phone: _____ Email: _____

1. How long have you know the applicant? _____
How well? Very well Fairly well Casually By name/sight

2. Please describe the applicant's level of involvement in your church.
(check all that apply)

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="radio"/> Attends regularly | <input type="radio"/> Cooperative | <input type="radio"/> Interested |
| <input type="radio"/> Attends irregularly | <input type="radio"/> Involved | <input type="radio"/> Distant |
| <input type="radio"/> Enthusiastic | <input type="radio"/> Willing to help | |

3. What are the strengths and spiritual gifts of the applicant according to your observations?

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- Positive
- Neutral
- Negative
- Unknown

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Devotion to Christ.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and Honesty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to correction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to serve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on any of the above: _____

7. Are there any complex family factors that you know of which might affect the applicant's studies? _____

8. I recommend this applicant for the Living Stones College.
 Highly Recommend Recommend Recommend with reservations*
 Do not Recommend* *Please explain concerns below.

Signature _____ Date _____