

Spring of Blessing Church

704 McLeod Ave. , Haines City FL. 33844 • 863-422-3106



APPLICATION FOR ADMISSION

Please Type or Print Clearly

Name: _____ SSN# _____ - ____ - ____
Address: _____ Sex: M F
City: _____ State: _____ Zip: _____
Phone: Day (____) _____ Evening (____) _____
Email*: _____ Date of Birth: ____ / ____ / ____

Program

- | | |
|---|---|
| <input type="checkbox"/> Day 1 • Leadership | <input type="checkbox"/> Day 5 • TBA |
| <input type="checkbox"/> Day 2 • Power of Prayer • Introduction to Sermon preparation | <input type="checkbox"/> Graduation Sunday 11AM |
| <input type="checkbox"/> Day 3 • Worship and Media • Spring Church Service | <input type="checkbox"/> |
| <input type="checkbox"/> Day 4 • Evangelism • "Sermon Preparation part 2" | <input type="checkbox"/> |

General Information

Do you serve in a church position? Yes No Position: _____ How long? _____
Pastor's name _____ Pastor's phone (____) _____

References:

Please list the names, addresses, and phone numbers of at least one (1) references from your church, workplace or friends.

Name: Address: _____
Address: _____ City: _____ St.: _____ Zip: _____
Tel: (____) _____ Cell: (____) _____
Your email: _____

No registration fee Donation accepted

Payable to: Manantial de Bendición 407-414-0156

Academic History:

High School: _____

Location: _____ Graduation date: _____

College or Bible Institute: _____ Degree: _____

Location: _____ Graduation date: _____

Graduate or Professional School: _____ Degree: _____

Location: _____ Graduation date: _____

Major: _____ Minor: _____

Academic achievements and/or honors: _____

(Attach extra sheets as required)

Formal Graduation Attire

Name as it will appear on Diploma or Degree (Please Print)

Student Signature* _____ Date: _____

Parent Signature* _____ Date: _____