



# Course Application

## GLLOW School Of Ministry

**GLLOW COURSE NAME:**

Name Of Applicant :

Widow ☐

Years

Single ☐

Married ☐

GLLOW Member?

Silver ☐

Gold ☐

Diamond ☐

Date Joined :

Courses Interested in

How did you hear about this course?

Email Address :

Facebook Name :

Physical Mailing Address :

Country :

Phone number :

Do you text? :



Website Address :

Share your Salvation date and Experience :

Have you ever been convicted of a felony?

Date :

Share circumstances :

Have you been filled with the Holy Spirit?

Do you believe in speaking in tongues?



What other experiences have you had with the Lord to further your walk in Him?

List the gifts and talents you feel the Lord has given you or used you in:

Please note the below questions are only to help you proceed further. It is not necessary to have been in ministry previously. You only need to be fully surrendered to the Lord and have a heart to serve.

Are you presently holding ministerial credentials?

Type of credential?

If so, name and location of issuing organization?

Are you presently active in ministry?

Number of years?

If yes, describe your ministry experiences and positions

