



PATHWAY



Student Application

What is Needed:

1. Completed application
2. Pastor's Reference
3. High School Diploma
4. \$50 Application Fee

*You can pay the application fee online. Just select "Pathway Ministries" under giving option. <https://tlcsac.churchcenter.com/giving>

Once completed, scan & submit to pathway@TLCsac.org



Application

Personal Information:

NAME: _____ DOB: _____ AGE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL NUMBER: _____
EMAIL: _____ SEX: M F

WHEN DID YOU BECOME A CHRISTIAN? _____

ARE YOU SPIRIT FILLED? YES NO IF SO, SINCE WHEN? _____

I AM LOOKING TO BECOME AN APPRENTICE IN THE FOLLOWING MINISTRY:

EDUCATIONAL BACKGROUND:

HIGH SCHOOL JUNIOR COLLEGE BACHELOR'S MASTER'S

PROGRAMS COMPLETED: (PLEASE CIRCLE)

CHURCH INTERNSHIP MASTER'S COMMISSION BIBLE INSTITUTE

PLEASE LIST ANY COURSES YOU HAVE COMPLETED THAT MAY BE BENEFICIAL
TOWARD YOUR LICENSING WITH THE ASSEMBLIES OF GOD

FAMILY INFORMATION:

MARITAL STATUS: SINGLE ENGAGED MARRIED DIVORCED

IF MARRIED HOW LONG _____ (IF DIVORCED PLEASE ATTACH EXPLANATION)

NUMBER OF CHILDREN _____



EMERGENCY CONTACT #1

NAME: _____ RELATION: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT #2

NAME: _____ RELATION: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH INFORMATION

APPLICANT'S CHURCH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DENOMINATION _____

PASTOR'S NAME: _____ YOUTH PASTOR'S NAME: _____

TIME OF ATTENDANCE AT CHURCH _____ ARE YOU A MEMBER: YES NO

MINISTRY EXPERIENCE

AREAS OF INVOLVEMENT:

WHAT AREAS OF MINISTRY ARE YOU PRESENTLY INVOLVED WITH AT YOUR CHURCH?



WHAT MISSIONS EXPERIENCE DO YOU HAVE?

DO YOU HAVE ANY MUSICAL ABILITIES? YES NO

IF YES, PLEASE LIST:

HEALTH HISTORY

HOW WOULD YOU DESCRIBE YOUR HEALTH?

EXCELLENT GOOD FAIR POOR

PLEASE LIST ANY HEALTH PROBLEMS:

COULD THESE HEALTH PROBLEMS CREATE PHYSICAL LIMITATIONS? YES NO

IF YES, PLEASE EXPLAIN LIMITATIONS:

MEDICATIONS: _____

DO YOU HAVE A HISTORY OF MENTAL ILLNESS? YES NO

IF YES, PLEASE EXPLAIN



Financial Background

ARE YOU CURRENTLY EMPLOYED? YES NO

ARE YOU PLANNING ON WORKING DURING YOUR TIME AS AN APPRENTICE?

YES NO

HOW DO YOU PLAN TO PAY YOUR TUITION AND EDUCATIONAL COSTS?

DO YOU HAVE ANY DEBTS? YES NO

IF YES, HOW MUCH \$_____

DO YOU OWN A VEHICLE? YES NO

DO YOU HAVE HEALTH INSURANCE? YES NO



Personal Evaluation

Past & Present Struggles

Mark any issue you have dealt with Past or Present with a brief explanation or description.

ABORTION: _____

ABUSE: _____

ANGER/TEMPER: _____

ANXIETY: _____

BAD DRIVING RECORD: _____

BITTERNESS: _____

CUTTING: _____

DEPRESSION: _____

DOUBTS ABOUT SALVATION: _____

EATING DISORDER: _____

FAMILY PROBLEMS: _____

HOMOSEXUAL LIFESTYLE: _____

INSOMNIA: _____

INABILITY TO CONCENTRATE: _____

LEGAL PROBLEMS: _____

LYING PROBLEMS: _____

LEARNING DISABILITIES: _____

MONEY MISMANAGEMENT: _____

NIGHT TERROR: _____

PORNOGRAPHY: _____

PROBLEMS WITH RELATIONSHIPS: _____



PROBLEM WITH PARENTS: _____

READING COMPREHENSION: _____

SADNESS: _____

SEXUAL FANTASIES AND PRESSURES: _____

SEXUALLY PROMISCUOUS LIFESTYLE: _____

SUICIDE ATTEMPTS: _____

THEFT: _____

THOUGHTS OF SUICIDE: _____

TROUBLE MAKING DECISIONS: _____

USE ALCOHOL/DRUGS/TOBACCO: _____

UNSTABLE JOB RECORD: _____

WITCHCRAFT/OCCULT: _____

Personal Attributes

PLEASE CHECK AREAS THAT BEST DESCRIBE YOU:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> FUN | <input type="checkbox"/> USER | <input type="checkbox"/> COMPLAINER |
| <input type="checkbox"/> QUIET | <input type="checkbox"/> INTROVERT | <input type="checkbox"/> LEADER |
| <input type="checkbox"/> FEARFUL | <input type="checkbox"/> LONER | <input type="checkbox"/> SPONTANEOUS |
| <input type="checkbox"/> VISIONARY | <input type="checkbox"/> LAZY | <input type="checkbox"/> MAKES FRIENDS |
| <input type="checkbox"/> LOVING | <input type="checkbox"/> RADICAL | <input type="checkbox"/> INTELLECTUAL |
| <input type="checkbox"/> FOLLOWER | <input type="checkbox"/> DEPRESSED | <input type="checkbox"/> EXTROVERT |
| <input type="checkbox"/> EXCITING | <input type="checkbox"/> CARING | <input type="checkbox"/> ANGRY |
| <input type="checkbox"/> ACHIEVER | <input type="checkbox"/> OUTSPOKEN | |
| <input type="checkbox"/> CONSERVATIVE | <input type="checkbox"/> SERVANT-HEARTED | |
| <input type="checkbox"/> FEW FRIENDS | <input type="checkbox"/> HARD WORKER | |



Essay Section

Personal Calling

WRITE OUT THE TESTIMONY OF YOUR SALVATION

DESCRIBE YOUR CURRENT RELATIONSHIP WITH CHRIST?

HOW DO YOU FEEL PATHWAY & BIBLE COLLEGE WILL HELP YOU?



Pastor's Recommendation

Applicant Information (To be filled out by applicant)

Name of Applicant: _____

Address: _____

Cell Phone: _____

Pastors Information (To be filled out by pastor)

Name: _____ Position: _____

Church: _____ Tenure at church: _____

Church Number: _____ Cell Phone: _____

Dear Pastor, thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as ministry apprentices will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning this candidate.

How long have you known the applicant? _____

How well do you know the applicant? (Please Circle)

Extremely well

Casually

Fairly well

Only by name

In your observation and association with the applicant, would you characterize their involvement as:

_____ Heavily involved in ministry

_____ Consistently involved in ministry

_____ Occasionally involved in ministry

_____ Scarcely involved in ministry

Would you please rate the applicant's ministry maturity:

_____ Very mature

_____ Mature

_____ Needs lots of guidance

_____ Unable to operate in ministry



Areas of maturity: _____

Areas of immaturity: _____

Do you feel this applicant is ready to step into a lead role in ministry?

Yes No

Do you recognize a call by God on the applicant for full-time ministry?

Yes No

Please circle the applicant's areas of gifting:

Speaking	prayer	carpentry	secretarial
singing	medical	administrative	youth ministry
children's	artistic	evangelism	drama
worship	teaching	discipleship	encouragement
hospitality	sound technician		

Please circle the areas that best describe the applicant:

Teachable	dependable	lacking humor	motivated
peaceful	nervous	Understanding	critical
disciplined	flexible	humorous	easily offended
Perfectionist	patient	prejudiced	easily discouraged
committed	domineering	easily embarrassed	
fearful	anxious	wise	good listener
moody	enthusiastic	lacking confidence	stable
dependent	negative	servant-hearted	



Please assess the applicant's characteristics in the following areas by circling one option under each heading:

Ability to Work with Others

- Frequently causes friction
- Usually cooperative
- Works well with others

Intelligence

- Challenged in learning new things
- Average ability to comprehend
- Above average ability to think
- Brilliant and exceptional thinker

Physical Condition

- Frequently limited
- Below average
- Fairly healthy
- Good health
- Above average

Christian Experience

- -Not very deep
- -Sharp peaks and deep valleys
- -Genuine, but not aggressive
- -Genuine and growing
- -Thriving and passionate

Servanthood

- Reluctant to serve
- Will serve with proper motivation
- Usually willing to serve
- Aggressively looking for chance to server chance to serve

Relationships

- Avoided by others
- Often misunderstood
- Tolerated by others
- Liked by others
- Respected by others

Leadership Ability

- Avoids opportunity to lead
- Has ability, but chooses to hold back
- Tries to lead but not very mature
- Has good leadership skills
- Exceptional ability to lead

Willingness to Deeply Change

- Not teachable or motivated to change
- Content where they are at
- Willing to receive correction and rebuke
- Seeks out those who will sharpen them

Productivity

- Starts things, but rarely finishes
- Meets minimum requirements
- Reliable to fulfill expectations
- Takes initiative to go beyond
-

Do you recommend the applicant be accepted as a ministry apprentice?

_____ Yes, without reservation

_____ Yes, with some reservations

_____ No



Is there anything else we should know about the quality of this applicant?

Signature: _____ Date: _____

Please scan & email to pathway@tlcsac.org

