

CITADEL LEADERSHIP ACADEMY APPLICATION FOR SCHOOL OF DISCIPLESHIP & LEADERSHIP

(BASIC LEVEL JUNE 9-30, 2023: Friday Nights in June from 7:15 pm - 9 pm)

PERSONAL INFORMATIO)N: (Please print clearly)		
First Name:	Middle Initial: Surname:		
Address:			
			al Code:
Home Phone #:		Cell #:	
Email Address:			
			□35-44 □45-54 □55 + up
Marital Status: □Single □	lEngaged □Married [Separated □Divorced	□Widowed
SPIRITUAL HEALTH:			
When were you Born Again?	Day/ Month_	/ Year	
Have you received the Baptis	m of the Holy Spirit (Acts 2	:4)? Yes□ No□ If yes, v	when? D/M/Y
Have you lived a consistent C	Christian life since conversi	on? Yes□ No□ If no, p	lease explain:
			☐ From Which Year?
If not CTIC, which church are	you currently attending?		
Name of Your Senior Pastor:		Denomination:	
Church Address:			
Church Telephone #:		Are you a men	nber there? Yes□ No□
LIFESTYLE ASSESSMENT FOR	R THE PAST 2 YEARS: Plea	se indicate the years you v	were involved in the following:
Smoking/Tobacco Use:	□2021 □2022 □2023	Consuming Alcohol:	□2021 □2022 □2023
Pornography:	□2021 □2022 □2023	Illegal Drug Use:	□2021 □2022 □2023
Homosexuality/Lesbianism:	□2021 □2022 □2023	Fornication/Adultery	: □2021 □2022 □2023
Child Abuse:	□2021 □2022 □2023	Other Immoral Acts:	□2021 □2022 □2023
Involved in a Cult:	□2021 □2022 □2023	Occult/Witchcraft:	□2021 □2022 □2023
Signature:	Date:		
FOR OFFICE USE ONLY:	COURSE FEES: \$200.00 PE	R FLIGIRI F ADDITCANT	
Date Application Received:	•		cable:
Payment Type: □Cheque			
Monies Received: Date			Amount \$
Monies Received: Date	Amount \$	_ Monies Received: Date _	Amount \$