

# CHRISTIAN LEADERSHIP INSTITUTE



LOVE THE LORD YOUR GOD

## STUDENT APPLICATION

Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City State Zip Country

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female   
Month Day Year

## APPLICATION QUESTIONNAIRE

1. Martial Status: Single  Widow/Widower  Married  Spouse Name: \_\_\_\_\_

2. Have you ever been divorced? (Answer required, even if single) Yes  No

3. Are you currently separated? Yes  No

4. Do you have any children? Yes  No

Name & Age of Children: \_\_\_\_\_

5. Ethnic Group: (optional) African American  Asian Pacific Islander  Caucasian  Hispanic  Other

6. E-mail: \_\_\_\_\_

7. Church Attending: \_\_\_\_\_ Denomination: \_\_\_\_\_

8. I received an undergraduate degree from: \_\_\_\_\_  
Year \_\_\_\_\_ Degree \_\_\_\_\_ I have not received an undergraduate degree

9. Have you ever been charged with or convicted of a crime? Yes  No  (DO NOT include minor traffic violations)

10. Have you ever been accused or charged with unethical or immoral conduct or behavior? Yes  No

11. Have you ever been accused or charged with sexual misconduct? Yes  No

12. Have you ever been charged with DUI or had your driver's license revoked? Yes  No

Please provide all relevant information explaining your answer if you answered "Yes" to any of questions 9-12.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How did you first hear of Christian Leadership Institute? \_\_\_\_\_

**I HAVE READ THE FOLLOWING STATEMENT OF FAITH OF THE NATIONAL ASSOCIATION OF EVANGELICALS AND AM IN FULL AGREEMENT.**

- 1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- 2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- 3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- 4. We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
- 5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- 6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- 7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES**

*(Print name and phone number)*

Pastoral: \_\_\_\_\_

Academic or Employer: \_\_\_\_\_

Personal: \_\_\_\_\_

**I AFFIRM THE ABOVE STATEMENTS TO BE TRUE, TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# CHRISTIAN LEADERSHIP INSTITUTE



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## MY CHRISTIAN TESTIMONY

Attach to this application a carefully prepared 1-3 page paper (typed and singled spaced), including the information listed below. Your writing skills may be considered as part of the application process.

Please include the following areas of information:

1. Your conversion experience, commitment to follow Christ and spiritual journey since conversion. Please answer the questions: When did you become a Christian? Were you baptized? If so, when and where did the baptism occur?
2. Your call and/or direction for ministry or other Christian service and your assessment of your spiritual gifts (1 Cor. 12:4-11 & Eph. 4:11-12, etc.).
3. Your experience in Christian ministry such as sharing Christ with non-Christians, teaching, discipling, preaching and group leadership, etc.

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**CHRISTIAN LEADERSHIP INSTITUTE**

1439 N. Foote Avenue Colorado Springs, CO 80909 719-495-0375

Email: cli-mfs@msn.com Website: [www.christianleadershipinst.org](http://www.christianleadershipinst.org)

## PLEASE NOTE:

To be considered a CLI applicant, CLI must receive the following by July 7<sup>th</sup>, 2008

A. This completed application form;

B. A non-refundable \$25.00 application fee must accompany this application form (check payable to CLI);

C. A selected payment option from the following (check one):

\_\_\_\_\_ Payment Plan # 1 - Full payment due by August 1<sup>st</sup> 2008 = 5% Discount (\$18,800 - \$940 = \$17,860 paid.)

\_\_\_\_\_ Payment Plan # 2

1. \$4,000 due August 1st, 2008;
2. \$2,500 due October 29th, 2008;
3. \$2,500 due December 29th, 2008;
4. \$2,500 due February 29th, 2009;
5. \$2,500 due April 29th, 2009;
6. \$2,500 due June 29th, 2009;
7. Final payment of \$2,300 due August 29th, 2009 (Total amount paid = \$18,800).

\_\_\_\_\_ Payment Plan # 3

1. \$4,000 due by August 1st, 2008

2. Beginning September 29th, 2008 - Twenty monthly payments of \$740.00 with the final payment made on April 29th 2010 (Total amount paid = \$18,800.)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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# REFERENCE FORM

**Section 1:** This section is to be completed by the individual applying to Christian Leadership Institute (CLI). Send to the appropriate reference with a stamped envelope to be sent directly to the CLI office (pre-addressed envelope included).

Name of Applicant \_\_\_\_\_  
Last First Middle

I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required as a condition for admission.

Signature \_\_\_\_\_ (Date) \_\_\_\_\_

**Section 2:** This section is to be completed by Pastor  Professor or Employer  Personal reference

Printed name of person giving reference \_\_\_\_\_

Length of time you have known applicant \_\_\_\_\_

Nature of contact with applicant \_\_\_\_\_

This applicant has applied to graduate level, non-formal training, at CLI. The CLI admissions office needs to gather as much information as possible in order to determine this applicant's fitness for pursuing this type of training. Please provide as honest and candid answers as possible. We believe references are an extremely important step in the application process. You may submit an additional letter (although it is not necessary), but we ask that you fill out this form in particular and send it to us directly. We thank you for your time.

## AREAS OF CHARACTER AND COMPETENCE

### Clarity of Goals

*Does this person:*

- |  | Unacceptable             | Poor                     | Average                  | Good                     | Superior                 | Not Able To Judge        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Demonstrate clear-cut and worthy ministerial goals?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a clear sense of direction in pursuit of goals?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have the support of his or her spouse/fiancé? Not married or engaged <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Industry

*Does this person:*

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Demonstrate the effort necessary to achieve goals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Expend effort and energy wisely?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Ability to Face Reality

*Does this person:*

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Foresee and face problems realistically and objectively? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Approach problems in a constructive manner?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Accept well-meant criticism and use it constructively?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Ability to think Critically

*Does this person:*

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Show insight in identifying problems?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Select and utilize relevant resources in solving problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Financial Responsibility

*Does this person:*

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Show mature responsibility in money matters (credit & management, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Select and utilize relevant resources in solving problems?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Interpersonal Relationships

*Does this person:*

- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Participate willingly and effectively as a member of a group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Show leadership ability when the occasion permits?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Initiative and Creativity

*Does this person:*

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Reflect originality in approaching problems?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Recognize and accomplish tasks that need to be done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### General Impression

*Is this person:*

- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Socially acceptable in personal habits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Well accepted by associates?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Skill in Communication

	Unacceptable	Poor	Average	Good	Superior	Not Able To Judge
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Does this person:

- 1. Communicate clearly and effectively?
- 2. Express ideas clearly in writing?
- 3. Interpret accurately and effectively the ideas of others?

### Personal, Intellectual Integrity and Spiritual Maturity

Does this person:

- 1. Appraise his/her strengths and weaknesses objectively and accurately?
- 2. Represent himself or herself honestly?
- 3. Pursue goals ethically and conscientiously?
- 4. Demonstrate appropriate spiritual maturity?

### Moral Character

To your knowledge, has this person:

- 1. Ever been charged with or convicted of a crime or a DUI?  Yes  No
- 2. Ever been accused or charged with unethical or immoral conduct or behavior?  Yes  No
- 3. Ever engaged in or been the subject of a charge of sexual misconduct?  Yes  No

Please provide all relevant information explaining your answer if you answered "Yes" to any parts of the Moral Character section.

What is your overall evaluation of the applicant?

What potential do you see for effectiveness in ministry?

What areas in the applicant's life need improvement?

#### Please check one

Applicant should be accepted  Applicant should probably be discouraged  Applicant should not be accepted

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_