



PROGRAM APPLICATION

1. Complete the *Champion Leadership Academy Program Application*. Submit the completed application via email to cla@faithfamily.org, OR mail to FCBC Champion Leadership Academy, 333 W. Florence Avenue | Inglewood, CA 90301. Notes: The Champion Ministry Preparation Program Application requires a non-refundable \$50.00 Application Fee due at the time of application submission. Students who apply to the Champion Ministry Preparation Program may present unofficial transcripts for course review and comparison for approved courses, however it is not a guarantee of acceptance.
2. Submit an essay describing your personal and Salvation history. Your essay should be 1-2 pages typed and double spaced. Address ongoing spiritual growth and your volunteer service experience at FCBC and/or somewhere else.
3. Submit a completed *CLA Pastor or Ministry Leader Recommendation Form*. The CLA Pastor or Ministry Leader Recommendation Form is separate from the CLA Program Application.

Personal Information and Program Selection

| | | | | |
|---|--|--------------|--|---|
| Name: | | | | |
| | Last | First | M.I. | Title |
| Address: | | | | |
| | Street Address | | | Apartment/Unit # |
| | City | | State | ZIP Code |
| Home Phone: | | | Cell Phone: | |
| E-mail Address: | | | | |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced | | Age | Gender |
| | | | MM/YY | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Emergency Contact Name: | | | Emergency Contact Relationship: | |
| Emergency Contact Home Phone: | | Email | | |
| Highest Level of Education: | <input type="checkbox"/> High School <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other | | | |
| Diploma/Degree | Major: | | Minor: | |
| Current School | School Name: | | Field of Study: | |
| Select A CLA Program | | | Semester & Year | |
| <input type="checkbox"/> Champion Leaders Program | | | | |
| <input type="checkbox"/> Champion Ministry Preparation Program | | | | |
| <input type="checkbox"/> Champion Pastors Program | | | | |

| Church Affiliation | | | | |
|---|---|---|---|---|
| ARE YOU A Member of FCBC? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If "Yes", when did you decide to make FCBC Your Church Home | MONTH | YEAR |
| DO YOU BELIEVE IN JESUS CHRIST AS LORD AND SAVIOR? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure <input type="checkbox"/> I would like to rededicate my life to Jesus Christ | | | |
| DO YOU REGULARLY ATTEND OR VIEW FCBC CHURCH SERVICES? | <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Occasionally | | | |
| DO YOU GIVE TITHES & OFFERING REGULARLY? | Tithes <input type="checkbox"/> YES <input type="checkbox"/> NO | Offerings <input type="checkbox"/> Yes <input type="checkbox"/> NO | | |
| WHAT ARE YOUR SPIRITUAL GIFTS? Check all that apply | <input type="checkbox"/> Discernment <input type="checkbox"/> Healing <input type="checkbox"/> Mercy <input type="checkbox"/> Service <input type="checkbox"/> Wisdom | <input type="checkbox"/> Evangelism <input type="checkbox"/> Helps <input type="checkbox"/> Miracles <input type="checkbox"/> Teaching | <input type="checkbox"/> Exhortation <input type="checkbox"/> Hospitality <input type="checkbox"/> Missionary <input type="checkbox"/> Tongues | <input type="checkbox"/> Faith <input type="checkbox"/> Knowledge <input type="checkbox"/> Pastor <input type="checkbox"/> Interpretation of Tongues |

| Ministry | | | |
|--|--|--|---|
| HAVE YOU EARNED A SEMINARY DEGREE? | <input type="checkbox"/> Yes <input type="checkbox"/> No Seminary: Degree Earned: | HAVE YOU TAKEN ANY SEMINARY, THEOLOGY, OR BIBLE COURSES? | <input type="checkbox"/> Yes <input type="checkbox"/> No Courses: |
| ARE YOU A LICENSED MINISTER? | <input type="checkbox"/> Yes <input type="checkbox"/> No Year Licensed: Licensing Body: | ARE YOU ORDAINED? | <input type="checkbox"/> Yes <input type="checkbox"/> No Year Ordained: Place of Ordination: |
| DESCRIBE YOUR CURRENT FCBC MINISTRY INVOLVEMENT | | | |
| WHAT AREAS ARE YOU INTERESTED IN SERVING? Check all that apply | <input type="checkbox"/> Classes <input type="checkbox"/> Groups <input type="checkbox"/> Altar Worker <input type="checkbox"/> Evangelism/Outreach | <input type="checkbox"/> Children's Discipleship <input type="checkbox"/> Middle School Ministry <input type="checkbox"/> High School Ministry <input type="checkbox"/> Young Adults Ministry | <input type="checkbox"/> Counseling <input type="checkbox"/> Preaching <input type="checkbox"/> Community/Missions <input type="checkbox"/> Visitation |
| IDENTIFY THE AREA(S) OF MINISTRY TO WHICH YOU FEEL GOD HAS CALLED YOU (Check all that apply) | <input type="checkbox"/> Prophetic <input type="checkbox"/> Evangelism <input type="checkbox"/> Pastoring <input type="checkbox"/> Missions | <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Young Adults <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Media <input type="checkbox"/> Deaconess <input type="checkbox"/> Praise & Worship <input type="checkbox"/> Administration <input type="checkbox"/> Volunteerism |

| Personal References | | |
|---|-------------|-------------|
| Please list two people other than family members who have known you for a year or more. (We may contact them) | | |
| | Reference 1 | Reference 2 |
| Name | | |
| Title/Position | | |
| Address | | |
| Phone | | |
| Known how long? | | |

Criminal History

Have you ever been convicted of a felony? Yes No

Have you ever been on or are you currently on probation? Yes No

Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? Yes No

Have you ever been accused, questioned, or investigated for spousal abuse? Yes No

If you have answered yes to any of these questions, please provide details on a separate sheet.

Emergency Contacts

Please list two people

Name:

Relationship:

Address:

Home Phone

Business Phone:

Cell Phone:

Email:

Statement of Truth

I hereby apply to the Champion Leadership Academy and certify that to the best of my knowledge the information given in this application is correct. If I am admitted, I agree to abide by the regulations and standards of FCBC. I understand that all items submitted to FCBC as part of this application process become the permanent property of FCBC and will not be returned. If FCBC is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Print Full Name:

Signature: _____

Date: _____

Office Use Only:

Faithful Central Bible Church
Champion Leadership Academy
333 W. Florence Avenue
Inglewood, CA 90301
Email: cla@faithfamily.org
Phone: (310)846-3290