

WORD OF FAITH

CHRISTIAN CENTER



Dear Applicant:

Greetings in the Name of Jesus Christ!

On behalf of Bishop Keith A. Butler and Pastor Deborah L. Butler, I am pleased you have taken this step in the process for admission into the Bible Training Center (BTC) located in **Round Rock, Texas.**

Enclosed you will find the application for the BTC. To be considered for the 2010-2011 school year, please submit your completed application as soon as possible. Qualified applicants will be scheduled for an interview with the BTC Acceptance Committee on a first come, first served basis. Mail your completed application to the Department of Education Office at the following address: **Word of Faith, Attn: Dept. of Education, 1000 McNeil Road, Round Rock, TX 78681.**

Your application must be submitted with a **\$25.00 non-refundable** application fee (no personal checks). It should also include a professional passport photo, no larger than 2x2 inches.

Also enclosed please find **three recommendation forms** that should be submitted to a minister at your church, a business friend, and a Christian friend. If you are a member of Word of Faith (Southfield or Round Rock), please forward the Ministerial Recommendation form to a minister on staff at Word of Faith (please do not forward forms to Bishop or Mrs. Keith A. Butler) for completion on your behalf. The minister, business friend, and Christian friend **must return their completed forms directly to our office in the envelope provided.**

Upon receipt of your completed application and recommendation forms, my office will call to schedule an interview with you. Please call (248) 353-3476, ext. 346 if you have any questions.

In His Service,

Minister Linda Burdette
Director of Education

LB/al

WORD OF FAITH CHRISTIAN CENTER
1000 MCNEIL ROAD
ROUND ROCK, TX 78681

PHONE: 512.341.8957 | FAX: 512.341.9736
WWW.WORDOFFAITHROUNDROCK.COM

BISHOP KEITH A. BUTLER - PASTOR
REV. ANDRE BUTLER - CO-PASTOR



WORD OF FAITH CHRISTIAN CENTER
BIBLE TRAINING CENTER
 1000 McNeil Road
 Round Rock, TX 78681

Affix a passport photo of yourself here.

Applications will not be processed without a photo.

SPOUSAL INFORMATION

- Yes** **No** Will your spouse or fiancé(e) apply to the Bible Training Center (BTC) this September?
- Yes** **No** Did your spouse previously attend the BTC? What year? _____

Last Name		Marital Status		<input type="checkbox"/> Single	<input type="checkbox"/> Engaged
		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
First Name	Middle Name	Spouse's Name			
Address		Dependents <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Names(s)		Age(s)	
City	State	Zip			
Home Phone	Work Phone				
Cellular Phone	E-Mail				
Date of Birth (MM/DD/YY)	Social Security Number				
Sex <input type="checkbox"/> F <input type="checkbox"/> M	U.S. Citizen <input type="checkbox"/> Y <input type="checkbox"/> N				

EMERGENCY INFORMATION

Nearest relative to be notified in case of an emergency. The person listed must have a telephone.

Name: _____ **Relationship:** _____

Address: _____ **Phone Number(s):** _____

- Yes** **No** Do you have any medical problems we should be aware of?
- _____

- Yes** **No** Have you ever been a patient (committed or voluntary) in a mental hospital or sanitarium?
(If yes, specify when, where, why, name of doctor, and complete address of hospital or clinic in the notes section of this application).

RECOMMENDATIONS

Recommendation	Name of Person Recommending You	Telephone Number
Ministerial Reference		
Business Friend		
Christian Friend		

YOUR MINISTRY

Do you have a definite call of God on your life to enter the FULL-TIME MINISTRY? Yes No

Are you Licensed? Ordained? If so, what Denomination/Organization? _____

Yes No Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?

Yes No Do you believe in the Triune nature of God – that our God is one, but manifested in three persons: the Father, the Son, and the Holy Spirit?

Yes No Do you believe in the Deity of the Lord Jesus Christ, that He is God made flesh, and He is the only Mediator between God and man?

Identify the area(s) of ministry to which you feel God is calling (or has called) you:

Pastor Teacher Evangelist Missions Helps Administration

Designated activities in which you have been or are involved. Check “F” – Formerly; “P” Presently

- | | | | |
|--------------------------|---|--------------------------|--|
| F | P | F | P |
| <input type="checkbox"/> | <input type="checkbox"/> Pastor | <input type="checkbox"/> | <input type="checkbox"/> Formed Non-Profit Corporation |
| <input type="checkbox"/> | <input type="checkbox"/> Associate Pastor | <input type="checkbox"/> | <input type="checkbox"/> Writing/Publication |
| <input type="checkbox"/> | <input type="checkbox"/> Minister of Music | <input type="checkbox"/> | <input type="checkbox"/> Revivals - Preaching |
| <input type="checkbox"/> | <input type="checkbox"/> Missionary Work | <input type="checkbox"/> | <input type="checkbox"/> Tape Ministry |
| <input type="checkbox"/> | <input type="checkbox"/> Evangelist | <input type="checkbox"/> | <input type="checkbox"/> Teaching Seminars |
| <input type="checkbox"/> | <input type="checkbox"/> Street Ministry | <input type="checkbox"/> | <input type="checkbox"/> Church Administration |
| <input type="checkbox"/> | <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> | <input type="checkbox"/> Conduct Funerals/Weddings |
| <input type="checkbox"/> | <input type="checkbox"/> Halfway House Ministry | <input type="checkbox"/> | <input type="checkbox"/> Teaching - Adult |
| <input type="checkbox"/> | <input type="checkbox"/> Hospital Ministry | <input type="checkbox"/> | <input type="checkbox"/> Teaching - Youth/Youth Ministry |
| <input type="checkbox"/> | <input type="checkbox"/> Nursing Home Ministry | <input type="checkbox"/> | <input type="checkbox"/> Teaching - Children/Children’s Ministry |
| <input type="checkbox"/> | <input type="checkbox"/> Visitation Ministry | <input type="checkbox"/> | <input type="checkbox"/> Touch/Cell Group Leadership |
| <input type="checkbox"/> | <input type="checkbox"/> Radio/TV Ministry | <input type="checkbox"/> | <input type="checkbox"/> Prayer Group Leader |
| <input type="checkbox"/> | <input type="checkbox"/> Campus Ministry | <input type="checkbox"/> | <input type="checkbox"/> Other _____ |

If you are not currently involved in your church, please BRIEFLY explain why you are not on page 7.

Is there anything in your life that would hinder you from serving in a leadership position? If yes, please explain.

CHURCH AFFILIATION

Identify the denomination in which you consider yourself to have been raised. _____

Name of the church you currently attend.

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Pastor's Name: _____

Are you a member? Yes No

Do you attend regularly? Yes No

If you are a member of **Word of Faith**, have you completed all nine Membership Classes?

Yes (Date Completed _____)

No

Currently Attending

Have you completed all WOFICC Holy Spirit/Believer's Classes?

Yes (Date Completed _____)

No

Currently Attending

Have you completed any of the following? (Check all that apply)

Layperson's I Layperson's II HELPS School Touch Group Leadership Training Kingdom Business Institute
Dates _____

USE OF ALCOHOL, TOBACCO OR ILLEGAL DRUGS

The following answers should be based on actual FACT and not FAITH:

Have you ever used tobacco (in any form)? Yes No If so, do you presently? Yes No If no, when did you stop? _____

Have you ever used alcohol? Yes No If so, do you presently? Yes No If no, when did you stop? _____

Have you ever used illegal or habit-forming drugs? Yes No

If yes, what illegal or habit-forming drugs? _____ How long? _____

Date you were delivered from habit-forming drugs: _____

ILLICIT RELATIONSHIPS

Have you been involved in any of the following illicit relationships/activities within the past year? fornication adultery homosexuality
 lesbianism pornography

If yes, give date(s): From _____ To _____

If yes, briefly explain your beliefs at that time, why you became involved, and what your beliefs are now.

We feel that in order for a person to assume a leadership role in the Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from the use of tobacco, alcohol (including wine), illegal drugs or illicit relationships for at least one year prior to applying, *WHILE ATTENDING THE BTC, and AFTER GRADUATION.*

Understanding our position on the matter, please indicate your decision concerning our policy. Yes Will Abide No Cannot Abide

I understand that if WOFBTC is notified that I have violated the above stated policy, it will be grounds for immediate dismissal.

Signature _____ Date _____

MEDICAL CONSENT

I hereby grant permission to WORD OF FAITH CHRISTIAN CENTER, or its consulting physician, to render to me any emergency treatment, medical or surgical care that might be deemed necessary. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

You MUST check YES or NO and sign.

Yes No _____ Date _____
 (Signature)

Applicant must sign. If under the age of 18, parent or guardian must sign.

Do you have any special medical needs or a disability that requires accommodation? Yes No If Yes, please explain:

EDUCATIONAL HISTORY

EDUCATION: (Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational Training 1 2

College 1 2 3 4 Master's Specialist Doctorate Other: _____

Beginning with high school, list all educational institutions attended:

NAME OF SCHOOL	DATES	MAJOR	DIPLOMA/DEGREE RECEIVED

Yes No Can you read, write, and comprehend the English language?

Yes No Have you ever been denied acceptance, expelled, dropped, or suspended from any school or college?
 If Yes, briefly explain why on page 7.

Yes No Have you previously submitted an application to WOF Layperson's III or BTC? If so, when? _____

TRANSCRIPTS: Please have **OFFICIAL TRANSCRIPTS** from your high school and all colleges and trade schools you have attended sent directly to the BTC, by the institution. Your application will not be complete until your transcripts have been received.

OCCUPATIONAL HISTORY

Please list your work experience starting with your PRESENT employer:

NAME OF EMPLOYER	DUTIES PERFORMED	DATES

List any special occupational or professional skills you possess:

CRIMINAL RECORD

- Yes** **No** Have you ever been convicted of a crime (includes misdemeanors and traffic violations)?
When _____ Where _____ Why _____ Date released _____
- Yes** **No** Are you currently on probation?
When _____ Where _____ Why _____ Date released _____
- Yes** **No** Have you ever been convicted of child abuse, child neglect, or child molestation?
- Yes** **No** Have you ever been convicted of spousal abuse?

If yes, give details on page 7. We must be informed of any changes that take place after we receive your application. If you are on probation, documentation must be submitted verifying that probation can be transferred.

FINANCIAL HISTORY

- Yes** **No** Do you tithe?

The Administrators of Word of Faith Bible Training Center are fully aware that God is able to supply all the needs of the student body. We are also aware that a person’s ability and willingness to fulfill his/her financial responsibilities are very significant to successful involvement in Christian service. Many Christians with great potential have faltered and brought much reproach to the Kingdom of God by the improper handling of their finances. Thus we desire that you...

Please **identify** how you plan to pay tuition expenses (ALL CURRENT FACTS – NOT FAITH):
Be specific with amounts you have on hand now!

- Own Employment** **Spouse’s Employment** **Savings**

ENROLLMENT INFORMATION

(1) State briefly why you want to attend BTC:

(2) DATE you were born again (saved): Month _____ Day _____ Year _____

(3) Briefly state how you know you are born again (saved).

In the time since your initial salvation experience, has there been a period when you did not live for the Lord? Yes No

If yes, please explain briefly and indicate the approximate date of your decision to fully commit your life to the Lord.

(4) DATE you were filled with the Holy Spirit with the Bible evidence of speaking with other tongues:

Month _____ Day _____ Year _____

Briefly state how you know you are filled with the Holy Spirit.

WOF EXPECTS APPLICANTS TO LIVE ACCORDING TO PRINCIPLES PRESCRIBED IN THE HOLY BIBLE. THEREFORE, HONEST AND CANDID RESPONSES TO EVERY QUESTION ARE REQUIRED. ANSWERS TO CERTAIN QUESTIONS OF A PERSONAL NATURE MAY NOT IMMEDIATELY DISQUALIFY AN APPLICANT, BUT MAY NECESSITATE A MORE INDEPTH DISCUSSION DURING THE INTERVIEW PROCESS IN THOSE AREAS BEFORE A DECISION ON ACCEPTANCE MAY BE REACHED. A STATEMENT FOUND TO BE FALSE OR MISLEADING WILL BE GROUNDS FOR DENYING THE APPLICANT'S ADMISSION.

STATEMENT OF TRUTH

I understand that all items submitted to WOFBTC as part of this application process become the permanent property of WOF and will not be returned or copied for applicant's use.

Signature _____ Date _____

I hereby state that all the information contained in this application is correct and true. If WOFBTC is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Signature _____ Date _____

**Review your application before mailing. Incomplete applications will be returned for your completion, thus taking longer to process.
*All questions must be answered.***

Things to Do

To avoid delays in the processing of your application:

1. Make sure the date on your application is for the upcoming school year.
2. Make sure EVERY blank is filled with the appropriate answer. If EVERY blank is not filled, your application WILL NOT BE PROCESSED. If a question does not apply, write "DNA."
3. There is \$25.00 non-refundable application fee. You must send separate monies for separate applications (i.e. members of the same family who are applying must each send a separate cashier's check or money order).
4. Attach a recent 2" x 2" professional passport photo ONLY to the application. Please do not send larger or full-body photos or your application MAY BE RETURNED for a replacement photo.
5. An official transcript from your high school or college must be sent directly to us by the school or institution.
6. If you have not attended your present church for 12 months, it is necessary to obtain a recommendation from your former pastor (or assigned representative) on his/her church letterhead. (NO EXCEPTIONS) If your pastor is your relative, another elder/minister must fill out the recommendation.
7. A relative may not complete personal recommendations. Also do not list a husband and wife as two separate references.
8. There are four places that must be signed and dated on your application, and your signature along with the date is required on each of the three recommendations. Please make sure all SEVEN SIGNATURE BLANKS are signed and dated.
9. If a husband and wife plan to attend together, their applications should be sent at the same time, or as close as possible. If this is not followed, it may cause a delay in processing the applications.



**Word of Faith
Bible Training Center**
1000 McNeil Road
Round Rock, TX 78681

BUSINESS FRIEND RECOMMENDATION

Dear Friend: The following person has applied for admission as a student at Word of Faith Bible Training Center (WOFBTC) and your name has been given for reference. In order to help us make a valid judgment and to learn something about the needs of a prospective student before they enroll, your candid response will be appreciated.

Name of Applicant _____
LAST (Please Print) FIRST MIDDLE

Address of Applicant _____
STREET CITY STATE ZIP CODE

I willingly waive my right of access to see this recommendation knowing that this waiver is **not** required as a condition for admission to the Bible Training Center (BTC).

Applicant's Signature _____ Date: _____

DEAR EMPLOYER/FRIEND: Please complete this form carefully and mail directly to the admissions office. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. This recommendation will be kept in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____
2. How well do you know him/her? (Check one)
 Very close relationship Fairly well; numerous personal contacts
 Casually; few personal contacts By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
 Yes No I don't know
4. To what extent is the applicant engaged in the activities of his or her church? (Check one)
 Enthusiastic: deeply involved Seldom participates: although attends regularly
 Cooperative: usually willing to help Attends irregularly: shows little interest
5. In what form of Christian service has the applicant participated regularly?

6. What are the applicant's strong points? (Include special abilities)

7. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No Chance to Observe
Christian commitment					
Financial responsibility					
Initiative					
Potential leadership					
Cooperativeness					
Integrity					
Emotional Stability					
Moral character					
Health					
Personal appearance					
Concern for others					

8. Does the applicant have personality traits which impair his/her relationship with others? Yes No

9. To your knowledge, does the applicant smoke? _____ Drink? _____ Use illegal drugs? _____

10. Please describe any factors which might affect the applicant's success in the BTC.

11. Further comments you have regarding the applicant that would help in our evaluation.

I recommend I recommend with reservation I do not recommend

PLEASE PRINT THE INFORMATION BELOW:

Name _____ Date _____

Name of Business: _____

Position: _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Signature: _____



**Word of Faith
Bible Training Center**
1000 McNeil Road
Round Rock, TX 78681

CHRISTIAN FRIEND RECOMMENDATION

Dear Friend: The following person has applied for admission as a student at Word of Faith Bible Training Center (WOFBTC) and your name has been given for reference. In order to help us make a valid judgment and to learn something about the needs of a prospective student before they enroll, your candid response will be appreciated.

Name of Applicant _____
LAST (Please Print) FIRST MIDDLE

Address of Applicant _____
STREET CITY STATE ZIP CODE

I willingly waive my right of access to see this recommendation knowing that this waiver is **not** required as a condition for admission to the Bible Training Center (BTC).

Applicant's Signature _____ Date: _____

TO THE CHRISTIAN FRIEND: Please complete this form carefully and mail directly to the admissions office. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. This recommendation will be kept in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____

2. How well do you know him/her? (Check one)

- Very close relationship Fairly well; numerous personal contacts
 Casually; few personal contacts By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes No I don't know

4. To what extent is the applicant engaged in the activities of his or her church? (Check one)

- Enthusiastic: deeply involved Seldom participates: although attends regularly
 Cooperative: usually willing to help Attends irregularly: shows little interest

5. In what form of Christian service has the applicant participated regularly?

6. What are the applicant's strong points? (Include special abilities)

7. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No Chance to Observe
Christian commitment					
Financial responsibility					
Initiative					
Potential leadership					
Cooperativeness					
Integrity					
Emotional Stability					
Moral character					
Health					
Personal appearance					
Concern for others					

8. Does the applicant have personality traits which impair his/her relationship with others? Yes No

9. To your knowledge, does the applicant smoke? _____ Drink? _____ Use illegal drugs? _____

10. Please describe any factors which might affect the applicant's success in the BTC.

11. Further comments you have regarding the applicant that would help in our evaluation.

I recommend I recommend with reservation I do not recommend

PLEASE PRINT THE INFORMATION BELOW:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Signature: _____



**Word of Faith
Bible Training Center**
1000 McNeil Road
Round Rock, TX 78681

MINISTERIAL RECOMMENDATION

TO THE APPLICANT: This recommendation form should be completed by a pastor or minister at your church and mailed directly to the Office of Admissions.

Name of Applicant _____
LAST (Please Print) FIRST MIDDLE

Address of Applicant _____
STREET CITY STATE ZIP CODE

I willingly waive my right of access to see this recommendation knowing that this waiver is **not** required as a condition for admission to the Bible Training Center (BTC).

Applicant's Signature _____ Date: _____

DEAR MINISTER: The above named person is applying for admission to Word of Faith Bible Training Center (WOFBTC). Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. This recommendation will be kept in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____

2. How well do you know him/her? (Check one)

- Very close relationship Fairly well; numerous personal contacts
 Casually; few personal contacts By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes No I don't know

4. To what extent is the applicant engaged in the activities of your church? (Check one)

- Enthusiastic: deeply involved Seldom participates: although attends regularly
 Cooperative: usually willing to help Attends irregularly: shows little interest

5. In what form of Christian service has the applicant participated regularly?

6. What are the applicant's strong points? (Include special abilities)

7. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No Chance to Observe
Christian commitment					
Financial responsibility					
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Potential leadership					
Cooperativeness					
Integrity					
Emotional Stability					
Moral character					
Health					
Personal appearance					
Concern for others					

8. Does the applicant have personality traits which impair his/her relationship with others? Yes No

9. To your knowledge, does the applicant smoke? _____ Drink? _____ Use illegal drugs? _____

10. Please describe any factors which might affect the applicant's success in the BTC.

11. Further comments you have regarding the applicant that would help in our evaluation.

I recommend I recommend with reservation I do not recommend

PLEASE PRINT THE INFORMATION BELOW:

Name _____ Date _____

Name of Church and Denomination _____

Position _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Signature: _____