

THE CHURCH OF PENTECOST - YOUTH MINISTRY

SCHOOL OF APOLOGETICS (SCOAP)

AFFIX ONE
PASSPORT-SIZE
PHOTOGRAPH
HERE

ADMISSION FORM

Please complete this form by providing responses (Use BLOCK letters as much as possible and tick where applicable)

Section A: Biographical Data

1. Full Name (Surname first): í ..
2. Age (last birth date): í í í í í í í í .. í 3. Sex: Male () Female ()
4. Phone number(s): í ..
5. Residential Address: í ..
6. Postal Address: í ..
7. E-mail Address: í ..
8. Are you a member of the Church of Pentecost? Yes () No ()
9. If yes, what is your Current District: í í í í í í í Area: í í í í í ..
10. If no, what is the name of your Church?.....
11. Highest Educational Level Primary () Secondary () Tertiary ()
12. Are you a born again Christian? Yes () No () Not Quite Sure ()
13. Are you baptized in Water? Yes () No ()
14. Are you baptized in the Holy Spirit (with evidence of tongues speaking)? Yes () No ()
15. Do you play any leadership role in your Assembly/District/Area? Yes () No ()
16. If Yes, state role: í ..

Section B: Knowledge Based and Perception of SCOAP

17. How did you hear about SCOAP?
 - a. Church () b. Social Media/Internet () d. School () e. Family ()
 - f. other [please specify]: í ..

