THE CHURCH OF PENTECOST - YOUTH MINISTRY

SCHOOL OF APOLOGETICS (SCOAP)

ADMISSION FORM

AFFIX ONE
PASSPORT-SIZE
PHOTOGRAPH
HERE

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

Sec	ction A: Biographical Data
1.	Full Name (Surname first):
2.	Age (last birth date): í í í í í í í í íí í 3. Sex: Male () Female ()
4.	Phone number(s): i i i i i i i i i i i i i i i i i i i
5.	Residential Address: (
6.	Postal Address: () () () () () () () () () (
7.	E-mail Address: ((((((((((((((((((
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 Area: í í 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: i i i i i i i i i i i i i i i i i i i
Sec	ction B: Knowledge Based and Perception of SCOAP
17.	How did you hear about SCOAP?
	a. Church () b. Social Media/Internet () d. School () e. Family ()
_	other[please specify]:

10. What do you know about SCOAP? 111111111111111111111111111111111111
19. Why do you want to enroll in the SCOAP?íííííííííííííííííííííííííííííííííííí
20. a. Have you attended the SCOAP before Yes () No ()
b. When: : : : : : : : : : : : : : : : : : :
21. How many blocks did you attend? a. 1 () b. 2 () c. 3 ()
22. Did you ever graduate? Yes () No ()
23. If yes, when? : : : : : : : : : : : : : : : : : : :
24. If no, why?: : : : : : : : : : : : : : : : : : :
Section C: Endorsements
Name of Local Youth Leader: í í í í í í í í í Signature: í í í í í í .
Name of District Pastor: () () () () () () () () () (
Official Stamp of Minister: í í í í í í í í í í í í í í í í í í í
SECTION D: Declaration
Iííííííííííííííííííííííííííííííííííííí
to the best of my knowledge and if found to be false I forfeit my admission to the school or would be withdrawn if already admitted.
Signature of candidate: (((((((((((((((((((
SECTION D: Official Use
Offer of Admission: Yes () No () Date:í í í í í Admission Number:í í í í í .
Fees Paid: GH¢íííííííííííííííííííííííííííííííííííí
Remarks: (