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School Term 20____ Date: _____

Student Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Apartment/Unit #

City State Zip

Phone: _____ Email: _____

FAMILY INFORMATION

Employment: _____

Phone: _____ Email: _____

Marital Status: ☐ Married ☐ Widow ☐ Divorced ☐ Seperated

Spouses Name: _____

Phone: _____ Email: _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Do you have any physical challenges or allergies?: ☐ YES ☐ NO

If yes, please explain: _____

Emergency contact: _____ Relationship: _____

Phone: _____ Email: _____

SCHOLASTIC INFORMATION

Have you completed high school? ☐ YES ☐ NO

If Yes, where: _____

If no, do you have your GED? ☐ YES ☐ NO

Have you completed any higher education? ☐ YES ☐ NO

If Yes, please share details: _____

Do you have a degree?: ☐ YES ☐ NO

If Yes, in what study?: _____

Have you attended any other Bible Schools? ☐ YES ☐ NO

If Yes, please share details: _____

Did you receive any certifications of completion? ☐ YES ☐ NO

If Yes, please share details: _____

CHURCH

What is your home church: _____

Pastors Names: _____ Phone: _____

Are you involved in serving? ☐ YES ☐ NO

If Yes, please share details: _____

Do you attend regularly? ☐ YES ☐ NO

If No, please share details: _____

PERSONAL

Have you used drugs or alcohol in the last six months? ☐ YES ☐ NO

If Yes, please share details: _____

Have you engaged in pornographic materials in the last six months? ☐ YES ☐ NO

If Yes, please share details: _____

Have you used tobacco products in the last six months? ☐ YES ☐ NO

If Yes, please share details: _____

Have you been arrested in the last year? ☐ YES ☐ NO

If Yes, please share details: _____

Are you currently in a legal battle of any kind? ☐ YES ☐ NO

If Yes, please share details: _____

Have you ever been convicted of a felony? ☐ YES ☐ NO

If Yes, please share details: _____

Have you ever been accused of or convicted of child abuse, rape, or any form of sexual misconduct with a child and/or minor? ☐ YES ☐ NO

If Yes, please share details: _____

Have you ever engaged in child pornography? ☐ YES ☐ NO

If Yes, please share details: _____

Have you engaged in homosexuality or lesbianism in the last year? ☐ YES ☐ NO

If Yes, please share details: _____

Have you abused prescription drugs in the last six months? ☐ YES ☐ NO

If Yes, please share details: _____

I hereby certify that the information provided above is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the dismissal, if accepted, my immediate removal from the program/position without further notice.

Name: _____ Date: _____

Signature: _____

REFERENCES

PASTOR REFERENCE

Pastor's Name: _____ Church: _____

Phone: _____ Email: _____

How long have you known this individual? _____

PROFESSIONAL REFERENCE

Name: _____ Relationship: _____

Phone: _____ Email: _____

How long have you known this individual? _____

PERSONAL REFERENCE

Name: _____ Relationship: _____

Phone: _____ Email: _____

How long have you known this individual? _____

I agree to uphold the standards, values, and code of conduct set forth by Word & Power Institute. I commit to conducting myself with integrity, respecting others, and maintaining the academic and behavioral expectations of the institution.

Applicant Signature: _____ Date: _____