



# Glad Tidings Discipleship Institute

Tel: (415) 346-1111 Fax: (415) 346-1108 www.gtsf.org/gtdi

## APPLICATION FOR ADMISSION

A \$25.00 non-refundable application fee must be turned in with this application.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Current Address (Number and Street) \_\_\_\_\_  
Current Address (City, State, Zip, and Country) \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female  
Marital Status  Single  Married (Name of Spouse \_\_\_\_\_)  Divorced  Widowed

### CHRISTIAN EXPERIENCE

Approximate Date of Salvation \_\_\_\_\_ Have you been baptized by immersion?  Yes  No  
Have you been baptized in the Holy Spirit?  Yes  No  
What church do you attend? \_\_\_\_\_ Denomination \_\_\_\_\_  
Church Address (Number and Street) \_\_\_\_\_  
Church Address (City, State, Zip, and Country) \_\_\_\_\_  
Senior Pastor's Name \_\_\_\_\_

PLEASE INCLUDE A SEPARATE, 1-2 PAGE, TYPED ACCOUNT OF YOUR CHRISTIAN TESTIMONY.  
DEVOTE ONE-THIRD OF YOUR STORY TO EACH OF THE FOLLOWING COMPONENTS:  
YOUR LIFE BEFORE JESUS, YOUR SALVATION EXPERIENCE, YOUR LIFE SINCE SALVATION.

### HEALTH AND PERSONAL HABITS

Have you ever used illegal drugs?  Yes  No If yes, last date of use \_\_\_\_\_  
Have you ever been convicted of a felony?  Yes  No If yes, see \* below.  
How much time do you spend per day: Reading the Bible \_\_\_\_\_ Praying \_\_\_\_\_  
Do you tithe to your church?  Yes  No  
Do you have any physical or emotional limitations that might limit your ability to function in a work environment?  Yes  No If yes, see \* below.  
Is there any additional information you would like GTBI to know?  Yes  No If yes, see \* below.

\*PLEASE INCLUDE A BRIEF, TYPED STATEMENT OR DESCRIPTION ON A SEPARATE PAGE.

## PERSONAL REFERENCES

### PASTOR or SPIRITUAL LEADER

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address (Number and Street) \_\_\_\_\_  
Address (City, State, Zip, and Country) \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Email \_\_\_\_\_

### FRIEND

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address (Number and Street) \_\_\_\_\_  
Address (City, State, Zip, and Country) \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Email \_\_\_\_\_

### FRIEND

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address (Number and Street) \_\_\_\_\_  
Address (City, State, Zip, and Country) \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Email \_\_\_\_\_

## CONSENT STATEMENTS

I, the undersigned, hereby authorize Glad Tidings Bible Institute and/or its agents to obtain information from the references listed herein for the purposes of investigating my background and character.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, hereby verify that the information herein is true to the best of my knowledge. I consent to allow administrative leadership access to all personal information including spiritual, medical, and psychological history. In addition, I will submit to all regulations of Glad Tidings Bible Institute and seek to maintain, by conduct and achievement, its high standards and noble traditions. Should a medical emergency arise while a student at GTBI, I give my consent to emergency medical treatment.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## SEND COMPLETED APPLICATION TO:

Glad Tidings Discipleship Institute  
(Attn: Tim Gavigan)  
1280 Webster Street  
San Francisco, CA 94115

Or via email:  
gtdi@gtsf.org