

Living Water's School of Ministry

Practical Application For Leaders

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone #: _____

Emergency Contact Info:

Contact: _____

Relationship: _____

Contact #: _____

**On the lines below, please briefly describe in your own words why you
desire to attend the Living Waters School of ministry.**

The Living Waters School of Ministry is designed to raise up ministers and leaders.

To help us server better, please list the goals you would like to achieve.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____