



LEAD FLORIDA

APPLICATION FOR ADMISSION

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PERSONAL INFORMATION

FULL NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRESENTLY LIVING WITH: parents roommate alone other: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) ____-____ CELL PHONE: (____) ____-____ male female

EMAIL: _____ BIRTH DATE: ____/____/____

ETHNIC BACKGROUND (optional): caucasian hispanic african american
 asian american american indian caribbean islander other: _____

MARITAL STATUS: single married divorced widowed

FAMILY BACKGROUND

FATHER'S NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ EMPLOYER: _____

MOTHER'S NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ EMPLOYER: _____

NATURAL PARENTS: remained married separated divorced deceased

LIST SIBLINGS AND THEIR AGES: _____

HEALTH INFORMATION

YOUR HEALTH IS: excellent good fair poor

LIST ANY ALLERGIES OR DIETARY NEEDS: _____

LIST TYPE AND DATES OF RECENT IMMUNIZATIONS (i.e. TDAP - 3/2012): _____

DO YOU CURRENTLY OR HAVE YOU EVER TAKEN MOOD ALTERING MEDICATIONS (anti-depressants, Ritalin, etc.)? no yes If yes, please explain: _____

LIST ANY OTHER MEDICATIONS YOU ARE CURRENTLY USING: _____

HAVE YOU EVER UNDERGONE PSYCHOLOGICAL OR MENTAL TREATMENT INCLUDING PROFESSIONAL COUNSELING? no yes
If yes, please explain: _____

LIST ANY PHYSICAL LIMITATIONS: _____

HAVE YOU EVER USED ILLEGAL DRUGS? no yes If yes, date of last use: _____

If yes, list drugs used: _____

DO YOU CURRENTLY SMOKE? no yes

DO YOU CURRENTLY DRINK ALCOHOLIC BEVERAGES? no yes

IF YES, DATE LAST USED: tobacco: _____ alcohol: _____

DO YOU CURRENTLY HAVE A HEALTH SAVINGS PLAN OR OTHER FORM OF MEDICAL INSURANCE? no yes

PERSONAL FINANCIAL & EMPLOYMENT BACKGROUND

HAVE YOU RECEIVED A COPY OF THE PROGRAM FEES FOR THE YEAR YOU ARE APPLYING FOR AND DO YOU UNDERSTAND THE COST FOR ATTENDING LEAD FLORIDA? yes no

HOW DO YOU PLAN TO PAY FOR THE PROGRAM FEES?
 donation letters/personal support financial aid (Online College Only) personal savings
 other (please explain): _____

WILL YOU HAVE THE REQUIRED DOWN PAYMENT (\$1,500) BY THE REQUIRED DATE (AUGUST 1)?
 yes no, please explain: _____

ARE YOU CURRENTLY EMPLOYED? yes no **EMPLOYER:** _____

POSITION: _____ **HOURS PER WEEK:** _____

PHONE NUMBER: (____) _____ - _____

DO YOU UNDERSTAND THAT YOU WILL NOT HAVE TIME TO HOLD CONTINUOUS FULL TIME EMPLOYMENT DURING THE FIRST AND SECOND YEAR OF ENROLLMENT? yes no

ARE YOU PERSONALLY IN DEBTS? yes no

ARE YOU PLANNING TO BRING AN AUTOMOBILE? yes no

DO YOU HAVE INSURANCE ON YOUR AUTOMOBILE? (Required in most states): yes no

CHURCH BACKGROUND

HOME CHURCH: _____ DENOMINATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____ WEBSITE: _____

SENIOR PASTOR: _____ YOUTH PASTOR: _____

HOW LONG HAVE YOU ATTENDED? _____ ARE YOU A MEMBER? yes no

LIST THE MINISTRIES IN WHICH YOU CURRENTLY ARE OR RECENTLY HAVE BEEN AN ACTIVE PARTICIPANT: _____

SPIRITUAL BACKGROUND

WHEN DID YOU ACCEPT CHRIST? ____/____/____ WHERE? _____

HAVE YOU EVER BEEN BAPTIZED IN WATER? yes no

DESCRIBE YOUR CURRENT RELATIONSHIP WITH GOD: _____

DESCRIBE YOUR DEVOTIONAL LIFE AND PRACTICES: _____

HOW SUPPORTIVE ARE YOUR PARENTS/GUARDIANS ABOUT YOUR DESIRE TO ATTEND LEAD INSTITUTE?

- totally unsupportive somewhat unsupportive somewhat supportive
 supportive very supportive

EDUCATIONAL BACKGROUND

CHECK LAST YEAR COMPLETED: High School: 11th 12th College: 1 2 3 4 5+

NAME OF HIGH SCHOOL & CITY/STATE?: _____

YEAR OF GRADUATION: _____ **GPA:** _____ **CHECK ONE:** diploma **or** GED

IF YOU ATTENDED COLLEGE, PLEASE LIST THE INSTITUTION(S) AND ADDRESS(ES):

DO YOU UNDERSTAND THAT THE TUITION COST FOR COLLEGE CREDIT/DEGREE PROGRAM IS IN ADDITION TO LEAD INSTITUTE PROGRAM FEES? yes no

DO YOU PLAN TO APPLY FOR FEDERAL FINANCIAL AID FOR ONLINE SCHOOLING?

yes no If no, please explain: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

WHAT INTERESTS YOU ABOUT LEAD FLORIDA?: _____

DESCRIBE ANY MINISTRY OR ACTIVITIES OF THE CHURCH YOU HAVE SERVED OR ARE SERVING IN LEADERSHIP: _____

DESCRIBE ANY ACTIVITIES OR OPPORTUNITIES OUTSIDE THE CHURCH IN WHICH YOU HAVE SERVED OR ARE SERVING IN LEADERSHIP: _____

ARE YOU WILLING TO MAKE A 1 YEAR COMMITMENT (Aug '22 - May '23)? yes no

PLEASE CHECK WHICH IS MOST APPLICABLE TO YOUR SENSE OF "CALLING" AT THIS TIME:

- I am confident that God is calling me into a vocational ministry of some kind.
- I do not believe God is calling me into vocational ministry at this time.
- I am not sure, but am open to the idea that God is calling me into vocational ministry.

PLEASE MARK ALL APPLICABLE OPTIONS YOU ARE CONSIDERING UPON COMPLETION OF THE LEAD INSTITUTE PROGRAM:

- Seeking full time employment
- Pursuing a college degree (on campus)
- Seeking placement for vocational ministry
- Other (please describe): _____

LIST SOME OF YOUR GIFTS AND ABILITIES THAT YOU WOULD LIKE TO USE FOR CHRIST AND DEVELOP THROUGH LEAD FLORIDA: _____

HAVE YOU EVER BEEN ARRESTED?: yes no

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?
 yes no If yes to either of the above questions, please explain: _____

IF ACCEPTED, I UNDERSTAND AND AM WILLING TO MAKE THE ONE YEAR COMMITMENT TO LEAD INSTITUTE FLORIDA AND THE CODE OF CONDUCT AND STANDARDS OF THE PROGRAM. *(The Code of Conduct and Standards will be reviewed with all students during the opening weekend orientation. However, a copy can be sent to you in advance at your request.)* yes no

REFERENCES

1. NAME: _____ **RELATION:** _____

PRESENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: (____) _____ - _____

2. NAME: _____ **RELATION:** _____

PRESENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: (____) _____ - _____

3. NAME: _____ **RELATION:** _____

PRESENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: (____) _____ - _____

PERSONAL TESTIMONY

On a separate sheet of paper, please give your personal testimony. It should be a minimum of 500 words, typed. Please tell us about yourself, your salvation experience, your church, your family, and what God has taught you about life and faith.

1st & 2nd YEAR FEE AGREEMENT

PAYMENT PLAN DETAILS

Deposit (non refundable) due upon acceptance. Fees due August 1	\$1,500.00
1 st Semester Program Fees, Travel Expense, and Admin. Fees due September 1 (September '22 - December '22)	\$2,000.00
2 nd Semester Program Fees, Travel Expense, and Admin. Fees due January 1 (January '23 – May '23)	<u>\$2,000.00</u> \$5,500.00

Lee University IDP (or another university) tuition and books for coursework are NOT included.

PAYMENT PLAN

Lead Institute Florida operates on a very tight and limited budget. We have no surplus income and no on-going financial support or assistance from any church, ministry, individual or organization. Therefore, the proposed payment option is the only available payment plan. We also try to work with each student and family on an individual basis according to need. However, we must insist that full and final payment is received according to the dates and deadlines established above in order to fulfill our commitment to every student, family, ministry and business represented and affected by Lead Institute Florida. In many cases families and students may find it necessary to secure a loan through their personal bank or credit union. Late fees will be automatically applied to students accounts if payment is not received on time. Students with outstanding balances will not be permitted to travel or participate on ministry events until their accounts balances are paid. Student with remaining balances due at graduation will not be eligible to participate or be recognized at graduation nor receives their certificate and gifts until final payment is made.

REFUNDS

An adjustment to the students account will be made when a student withdraws from Lead INstitute Florida with the proper approval. Proper approval constitutes a joint agreement between the student and the Director that the student must leave the program because of serious physical, emotional or mental illness (documented by a physician) or family tragedy or crisis. Expulsion because of disciplinary problems is not considered grounds for a refund. In order to receive proper approval, the student and Director must complete an official withdrawal form at the time he or she is leaving the program. Withdrawal forms are available through the Lead Institute Florida office. Refunds will not be made until the program Director receives a written and signed copy of the completed withdrawal form. Refunds are effective the date of the withdrawal form.

Refunds will be allowed on Lead Institute Program Fees on a prorated basis according to the standard set by Lee University. Refunds from college course work will come directly from the educational institution. After thirty days no refund of program fees will be allowed. Lead INstitute Florida is not responsible for obtaining tuition or book fees from Lee University or any other the educational institutions. Refunds will be allowed on Housing, Utilities, and Food Expenses to reimburse prepayment of any months after the student has moved out. Housing, Utilities, and Food Expenses will not be prorated for partial months.

APPLICATION CHECKLIST

Your Signed and Completed Application

Your Personal Testimony

Signed and Completed Medical and Liability Form

A Recent Picture of Yourself

\$25 Application Fee

Pastoral Recommendation (Must Be Sent in Separately)

Personal Recommendation (Must Be Sent in Separately)

THANK YOU!

Thank you for applying to Lead Florida! We are so excited about processing your application. In the mean time, here's what you can expect next:

Shortly after we have received your Application and Recommendation Forms, we will contact you regarding setting up your interview with our director and/or staff members through a video conference. All applicants must go through the interview process. After the interview is over, you will be notified about your application status within a few days.

If accepted, your final step will be to complete a separate application to Lee University's Division of Adult Learning program (or another college or university of your choice). Lead Florida partners with Lee University and because of this partnership, we are able to offer students a scholarship of 50% off tuition fees. However, if you feel Lee University is not the right fit for you, you have the option to choose an online school that fulfills either your scholarships or preference for your educational path.

Lee University's DAL Program offers many Undergraduate Degrees including:

- **Bible and Theology**
- **Christian Studies**
- **Ministry Leadership**
- **Business Administration**
- **Criminal Justice**
- **Liberal Studies**

Feel free to find out more information on Lee University's DAL program by visiting www.leeuniversity.edu/adult-learning!

LEAD INSTITUTE FLORIDA

LIABILITY AND MEDICAL RELEASE FORM

SECTION ONE: LIABILITY RELEASE

It is my understanding that as a vital part of the ministry of The Mission Urban Discipleship Center, various activities and events for participation have been planned and authorized. These events require travel in the United States and Overseas. Therefore I, _____, do hereby release the director and staff of Lead Florida; Church Partners and Para-Church Ministries; and the International Department of Youth and Christian Education from any and all liability for physical or emotional damages of whatever kind or nature, which may occur at anytime while I am a student in the program.

I further state that I understand the nature of Lead Florida, its dormitory style living quarters and its planned itinerary of travel and ministry events. I understand that students will travel in a van, bus, or other staff or student cars while participating in the program and I release any and all of the mentioned parties from any and all liability for personal damages of whatever kind or nature.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREFORE AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if applicant is under 21)

Witness Signature _____ Date: _____

SECTION TWO: MEDICAL CERTIFICATION

I hereby certify that I, _____ am physically fit and capable of participating in all activities of Lead Florida, including the ability to swim, unless limitations on physical activities or events are expressly stated below:

LIST HEALTH CONDITIONS (including all food allergies) THAT WOULD LIMIT YOUR PARTICIPATION IN ANY CUSTOMARY ACTIVITY (If none, so indicate on the lines provided):

SECTION THREE: CONSENT TO MEDICAL TREATMENT

It is understood that there are potential hazards in participating in various activities, events, and travel. I consent and authorize the leadership of Lead Florida, its staff, or employees to administer first aid or medical care by any physician, hospital, or attendant that may be needed as a result of any injury, illness, or other affliction, which makes medical care necessary.

Applicant Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if applicant is under 21)

Witness Signature _____ Date: _____

Health Insurance Policy Provider _____

Member ID _____

Group Number _____

LEAD FLORIDA

6725 N. SOCRUM LOOP RD. LAKE LAND, FL 33809
PHONE: 863.815.5433 EMAIL: LEADINFLORIDA@GMAIL.COM

Personal Recommendation TYPE OR PRINT IN INK

RECOMMENDATION FORM: To be filled out by a high school or college teacher, employer, or mentor and **mailed directly to Lead Florida.** This form should not be filled out by a family member.

Applicant's Name: _____

INSTRUCTIONS: Each applicant for admission to **Lead Florida** must submit recommendations. Serious consideration will be given to your comments; therefore, please complete the form carefully and **mail or scan in an email directly to the Lead Institute Florida office.** This form and your letter is confidential.

	Excellent	Good	Fair	Poor	Unknown
Teamwork / Cooperation					
Eagerness to serve					
Follows instructions					
Teachable					
Liked by others					
Concern for others					
Expresses feelings					
Communication skills					
Ability to motivate					
Ability to plan & set goals					
Physical condition / Health					
Self-discipline					
Adaptability / Flexibility					
Creativity					
Judgment / Common sense					
Enthusiasm					
Gratitude					
Positive attitude					
Moral standard					
Openness / Vulnerable					
Honesty / Integrity					
Financial responsibility					
Reliability / Faithfulness					
Response to peer pressure					
Coping w/ personal problems					
Emotional stability					
Self-Image / Self-Esteem					
Spiritual maturity					
Church / Ministry involvement					

Practice of spiritual disciplines					
Appearance / Grooming					
Disposition					
General maturity (emotional & social)					
Mental ability					
Personal motivation					
Industry / Achievement					

In your opinion, this applicant's Christian witness is which of the following?

Mature
 Contagious
 Genuine/Growing
 Over-Emotional
 Superficial
 Other: _____

What character strengths or weakness does the applicant possess?

Does this applicant have any persistent habits that you feel would restrict him/her from fitting into a fairly intensive leadership training program?

Would you recommend this applicant for acceptance into Lead Florida?

Yes
 No
 Hesitant, Why? _____

Relationship to the applicant is:

High School Teacher
 College Teacher
 Employer
 Mentor
 Other _____

How long have you known the applicant? _____ Years _____ Months

How would you describe the relationship: Very Close Fairly Close Acquaintance Minimal

Name: _____

Title: _____

Place of Employment: _____

Address: _____ **City/State/Zip:** _____

Telephone: (____) _____ **Email:** _____

Signature: _____ **Date** ____/____/____

Please include a letter of reference with any additional comments and please return in a sealed envelope directly to Lead Florida or scan it to our email:

Lead Florida
6725 N Socrum Loop Rd
Lakeland, FL 33809

leadinflorida@gmail.com

LEAD FLORIDA

6725 N. SOCRUM LOOP RD. LAKE LAND, FL 33809
PHONE: 863.815.5433 EMAIL: LEADINFLORIDA@GMAIL.COM

Pastoral Recommendation TYPE OR PRINT IN INK

Applicant's Name: _____

TO THE APPLICANT: This reference should be completed by your pastor, youth pastor, or other pastor and **mailed directly to Lead Institute Florida.** If a parent is your pastor, please refer the form to the assistant/associate pastor or youth pastor in your church. If a person other than your pastor (assistant/associate or youth pastor) completes the form, an explanation should be provided.

TO THE PASTOR/DIRECTOR: The above applicant has applied to become a student in the Lead Institute leadership training program. Thank you for providing the information requested on this form in order to aid us in evaluating the applicant's suitability to join this program. The applicant cannot be considered until all reference forms are received; therefore your timely completion of this form is much appreciated. This reference will be kept confidential. Thank you for your assistance.

-
1. How long have you known the applicant? _____ year(s) _____ month(s)
 2. How long has the applicant attended your church? _____ year(s) _____ month(s)
 3. How well do you know him/her? ___ Very Close ___ Somewhat ___ Acquaintance ___ Not well
 4. In your association with the applicant, what has been the level of commitment you have seen exemplified?
___ Faithful ___ Inconsistent ___ Other: _____

5. Evaluation of applicant's emotional maturity

A. Please check one:

- ___ Outstanding maturity; proven ability to operate under stress and pressure.
- ___ More mature and emotionally stable than the average.
- ___ Possesses adequate emotional stability and maturity.
- ___ Doubtful. Might not be able to endure or work under stress.
- ___ Unable to cope with stress. Deals with rage, withdrawal, and/or unpredictable behavior and attitude

Comments: _____

B. How does the applicant usually react in challenging situations? (Check one)

- ___ Withdraws ___ Avoids It ___ Gets Discouraged ___ Accepts Patiently ___ Handles Confidently
- ___ Other: _____

C. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- ___ Yes ___ No If yes, explain: _____

D. As far as you know, has the applicant ever been arrested for any offense?

- ___ Yes ___ No If yes, explain: _____

6. Is the applicant capable of rigorous activity? ___ Yes ___ No If no, explain: _____

7. Evaluation of overall characteristics. (Please check one in each group)

Willingness to Serve

- Reluctant to serve
- Motives confused
- Usually willing to serve
- Eager to serve

Leadership Ability

- Makes no effort
- Tries but lacks ability
- Has some ability
- Good ability
- Exceptional ability

Responsiveness to Other

- Slow to sense feelings
- Reasonably responsive
- Understanding/thoughtful
- Usually responsive

Relationships

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

Christian Experience

- Relatively superficial
- Over emotional
- Starting to mature
- Genuine & Growing
- Warmly contagious & stable

Intelligence

- Learns and thinks slowly
- Average mental ability
- Alert, has ability
- Brilliant, exceptional

Teamwork

- Not a team player
- Insists on own way
- Sometimes causes friction
- Usually cooperative
- Works well with others

Achievement/Work Ethic

- Does the minimum
- Starts but doesn't finish
- Meets expectations
- Takes some initiative
- Goes way beyond expectations

8. Please check all that describe the applicant. Be very selective of those that stand out.

- Teachable
- Understanding
- Critical
- Motivated
- Prejudiced
- Opinionated
- Genuine
- Flexible
- Humorous
- Perfectionist

- Disciplined
- Giving
- Easily embarrassed
- Easily discouraged
- Committed
- Domineering
- Easily Offended
- Creative
- Fearful
- Tolerant

- Wise
- Patient
- Good listener
- Determined
- Dependable
- Lacking humor
- Enthusiastic
- Peaceful
- Servant Heart
- Compassionate

9. In your opinion, which of the following areas of ministry does the applicant seemed gifted?

- Communication
- Administration
- Medical
- Instrumentalist
- Children
- Discipleship
- Youth

- Prayer
- Secretarial
- Drama
- Laboring
- Worship
- Counseling
- Dance

- Manual/helps
- Music
- Art
- Evangelism
- Hospitality
- Encouraging
- Other: _____

10. Do you recommend the applicant for acceptance as a Lead Institute Intern?

- Yes, unreservedly Yes, with hesitation No

Name & Title: _____

Church/Program: _____

Denomination: _____

Address: _____ **City/State/Zip:** _____

Telephone: (____) _____ **Email:** _____

Signature: _____ **Date** ____/____/____

Please include a letter of reference with any additional comments and please return in a sealed envelope directly to Lead Florida or scan it to our email:

Lead Florida
6725 N Socrum Loop Rd
Lakeland, FL 33809

leadinflorida@gmail.com