

# GREATER LOVE SCHOOL OF MINISTRY



## INFORMATION REQUEST FORM GLSOM

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Title) (Last) (First) (Mid)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Best time to call you back \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Area of Interest: Certificate Program \_\_\_\_\_ Degree Program \_\_\_\_\_  
(No GED Required) (High School/GED Required)

Area of Study \_\_\_\_\_

Do you have a GED or High School Diploma: Yes \_\_\_\_\_ No \_\_\_\_\_

If not, are you interested in GED preparation classes? Yes \_\_\_\_\_ No \_\_\_\_\_

Highest grade in high school? \_\_\_\_\_

Highest grad in college or trade school? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_