



NEW LIFE **SCHOOL OF WORSHIP**  
APPLICATION **MATERIALS**

*Includes Tentative Dates for 2010-2011*

# NEW LIFE SCHOOL OF WORSHIP

## 2010-11 APPLICATION & ENROLLMENT INSTRUCTIONS

To complete the Full-Time Application or Part-Time Enrollment process, please complete the items on the checklist below. All forms should be completed and submitted to the NLSW offices in person, by mail or fax unless otherwise specified. Please print legibly in ink or type all forms. Once all of your application materials have been received you will be contacted for a phone interview, and a response will be sent to you within approximately two to four weeks.

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### FULL-TIME APPLICATION 2010-11

Full-Time Application deadline: June 30, 2010

- Signed **Full-Time Application form**
- On a separate page, describe your **personal testimony** and what you think God is calling you to do with your life and why you see the New Life School of Worship as being part of that plan (200 words typed)
- Signed **Background Check Authorization form** (original **MUST** be mailed to NLSW offices)
- An **audio recording** of your musical ability.  
Please include at least two worship songs. It may also include any other musical abilities that you would like to demonstrate. Please mark the following on the recording: Applicant's name, Song titles, Instruments that are being played by the applicant, Specify the individuals included in the recording to include additional vocalists and instrumentalists. (sorry, it will not be returned)
- A **recent photo**. Please send 2 copies of the same original print. It must be a recent 2" X 2" head shot. Do not send: a photo copy of a photo, two different pictures, or anything larger than 2" X 2"
- Musical Recommendation form** to be filled out and mailed or faxed separately by recommender or included with other application forms in a sealed envelope \*
- Pastoral Recommendation form** to be filled out and mailed or faxed separately by Pastor or included with other application forms in a sealed envelope \*
- A **\$50.00 processing fee**  
(check made payable to New Life Church or call 719.268.8201 to use a credit card)

\* Individual forms can be downloaded from the application page of the NLSW website: [www.newlifeschoolofworship.com](http://www.newlifeschoolofworship.com)

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### PART-TIME ENROLLMENT 2010-11

Part-Time Enrollment deadline: no less than one week before class begins:

**Module 1** enrollment fee due by September 1, 2010

**Module 2** enrollment fee due by December 16, 2010

**Module 3** enrollment fee due by March 4, 2011

- Signed **Part-Time Enrollment form**
- Full payment of **\$300.00 per class**  
(check made payable to New Life Church or call 719.268.8201 to use a credit card)

# FULL-TIME APPLICATION 2010-11

## FULL-TIME APPLICATION 2010-11

To complete the application process, please submit the following:

- Full-Time Application form
- Background Check Authorization form
- Recent photo (specifics below)
- Pastoral Recommendation form
- Personal Testimony
- Audio Recording
- Musical Recommendation form
- \$50.00 Processing fee

Individual forms can be downloaded from the application page of the NLSW website: [www.newlifeschoolofworship.com](http://www.newlifeschoolofworship.com).  
Mail application items to: New Life School of Worship, 11025 Voyager Parkway, Colorado Springs, CO 80921 or fax to 719.277.7147.

## PERSONAL INFORMATION

Last	First	Middle		
Address	City	State Zip		
Permanent Address (if different)	City	State Zip		
E-mail	Birthdate			
Home phone	Work phone	Cell phone		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Family	Spouse Name	Years Married		
Children	Name	Age	Name	Age
	Name	Age	Name	Age

## HOUSING

Would you be looking for housing if you were to attend NLSW?  Yes  No  
 If yes, may we give out your information to other students looking for housing and possible roommates?  Yes  No

## CITIZENSHIP

I am a citizen of  United States  Other \_\_\_\_\_  
 If accepted, can you furnish proof that you are eligible to remain in the united states for the duration of the program?  
 Yes  No  
 (Enrollment is contingent upon satisfactory proof of eligibility to remain in the United States for the duration of the program.)

## EDUCATION

Are you currently a student?  Yes  No  Full Time  Part Time  
 List your high school and college education

SCHOOL	LOCATION	DATES ATTENDED	GRADUATED	GPA	DEGREE
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		

College credit is available. Please contact the NLSW offices for more details.

# FULL-TIME APPLICATION 2010-11

EXTRA-CURRICULAR  
ACTIVITIES/ HOBBIES

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PHYSICAL CONDITION

Good  Fair  Poor

(If poor, please explain)

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CURRENT EMPLOYMENT

Full Time  Part Time

Employer

Work phone

Position

How long have you worked there?

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HOME CHURCH  
INVOLVEMENT

What is your home church?

Denomination

Senior Pastor

Address

City

State

Zip

How long have you been involved there?

Are you involved in the worship ministry of your church?

Yes

No

Please describe

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MUSICAL BACKGROUND

Primary instrument

How many years of study?

Secondary instrument

How many years of study?

What vocal part do you sing?  Soprano  Alto

Tenor  Bass

What is your proficiency of the following instruments?

Piano/Keyboard  none  beginner  intermediate  advanced

Acoustic guitar  none  beginner  intermediate  advanced

Do you read music?

Yes

No

Do you sing/play by ear?

Yes

No

Please list any other musical training or experience you have had.

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SIGNATURE

I have completed this application form honestly and to the best of my ability.

SIGNATURE

DATE

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# PART-TIME APPLICATION 2010-11

**PART-TIME  
ENROLLMENT  
2010-11**

To complete the application process, please submit the following:

- Part-Time Enrollment form**
- Full Payment of \$300 per class** due one week before class begins  
(check made payable to New Life Church or call 719.268.8201 to use credit card)

**PERSONAL  
INFORMATION**

Last	First	Middle	
Address	City	State	Zip
Permanent Address (if different)	City	State	Zip
E-mail		Birthdate	
Home phone	Work phone	Cell phone	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Family	Spouse Name	Years Married	
Children	Name	Age	Name
	Name	Age	Name

**CITIZENSHIP**

I am a citizen of  United States  Other \_\_\_\_\_ If accepted, can you furnish proof that you are eligible to remain in the united states for the duration of the program?  
 Yes  No  
 (Enrollment is contingent upon satisfactory proof of eligibility to remain in the United States for the duration of the program.)

**EDUCATION**

Are you currently a student?  Yes  No  Full Time  Part Time  
 List your high school and college education

SCHOOL	LOCATION	DATES ATTENDED	GRADUATED	GPA	DEGREE
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		

College credit is available. Please contact the NLSW offices for more details.

**DEADLINES**

Part-Time Enrollment deadline: no less than one week before class begins:  
**Module 1** enrollment fee due by September 1, 2010  
**Module 2** enrollment fee due by December 16, 2010  
**Module 3** enrollment fee due by March 4, 2011

# PART-TIME APPLICATION 2010-11

## HOME CHURCH INVOLVEMENT

What is your home church? \_\_\_\_\_ Denomination \_\_\_\_\_

Senior Pastor \_\_\_\_\_

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

How long have you been involved there? \_\_\_\_\_

Are you involved in the worship ministry of your church?  Yes  No

Please describe \_\_\_\_\_

\_\_\_\_\_

## MUSICAL BACKGROUND

Primary instrument \_\_\_\_\_ How many years of study? \_\_\_\_\_

Secondary instrument \_\_\_\_\_ How many years of study? \_\_\_\_\_

What vocal part do you sing?  Soprano  Alto  Tenor  Bass

What is your proficiency of the following instruments?

Piano/Keyboard  none  beginner  intermediate  advanced

Acoustic guitar  none  beginner  intermediate  advanced

Do you read music?  Yes  No

Do you sing/play by ear?  Yes  No

Please list any other musical training or experience you have had.

\_\_\_\_\_

\_\_\_\_\_

## CLASSES

Please indicate which class(es) you wish to enroll in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SIGNATURE

I have completed this application form honestly and to the best of my ability.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please mail this form, along with \$300 per class to: NLSW, 10025 Voyager Parkway, Colorado Springs, CO 80921  
(check made payable to New Life Church or call 719.268.8201 to use credit card)

# NEW LIFE CHURCH DISCLOSURE AND AUTHORIZATION FORM

DEPARTMENT REQUESTING      **NLSW**

PLEASE PRINT

I understand that New Life Church will seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but are not limited to criminal history records (from local, state and federal agencies), sexual offender's lists, wants and warrants records, and motor vehicle records. I hereby authorize, without any reservation, the full release of these records from such agencies and hereby release such agencies from any liability resulting from disclosure of this information. In addition, I release and discharge New Life Church from any expenses, losses, damages, and liabilities for the investigative process. Upon request, New Life Church will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: New Life Church, Attention HR Department, 11025 Voyager Parkway, Colorado Springs, CO 80921 or by contacting New Life Church at 1-719-594-6602.

## PERSONAL INFORMATION

SIGNATURE \_\_\_\_\_ DATE (mm/dd/yyyy) \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_

PRINT MAIDEN NAME \_\_\_\_\_ MONTH/YEAR MARRIED (mm/yyyy) \_\_\_\_\_

PRINT ALL ALIASES (LAST NAME ONLY) \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE MOVED TO COLORADO (mm/yyyy) \_\_\_\_\_

## CURRENT LOCAL ADDRESS

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**If you have lived in Colorado for LESS THAN THREE YEARS, please complete the information on the next page.**

**Submitted By:**  
New Life Church  
11025 Voyager Parkway  
Colorado Springs, CO 80921

# NEW LIFE CHURCH DISCLOSURE AND AUTHORIZATION FORM

If you have lived in Colorado for LESS THAN THREE YEARS, please fill in the following, beginning with the most recent STATE you lived in before moving to Colorado and ending with the STATE you lived in 10 years ago

1. DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
YOUR LAST NAME DURING THIS TIME \_\_\_\_\_

2. DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
YOUR LAST NAME DURING THIS TIME \_\_\_\_\_

3. DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
YOUR LAST NAME DURING THIS TIME \_\_\_\_\_

4. DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
YOUR LAST NAME DURING THIS TIME \_\_\_\_\_

5. DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
YOUR LAST NAME DURING THIS TIME \_\_\_\_\_

6. DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
YOUR LAST NAME DURING THIS TIME \_\_\_\_\_

# MUSICAL RECOMMENDATION



THIS SECTION TO BE  
FILLED OUT BY THE  
APPLICANT

First	Last	Phone	
Address	City	State	Zip

Your signature below waives the right of access to this information.

Signature	Date
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THIS SECTION TO BE  
FILLED OUT BY THE  
RECOMMENDER

Each New Life School of Worship applicant must submit a musical recommendation. Your comments are a valuable part of our decision making process; therefore, we ask you to complete this form carefully. This recommendation should be returned directly to the New Life School of Worship. If you have any questions, please call 719.268.8201.

Name
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Position	Phone
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E-Mail
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Please briefly describe *your* musical background: \_\_\_\_\_

How long have you known the applicant? Please describe your relationship to the applicant.  
\_\_\_\_\_  
\_\_\_\_\_

Please check the word that most accurately describes the applicant's abilities in these areas:

- |                       |                               |                               |                               |                                      |                                  |
|-----------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------|----------------------------------|
| Musical Skill         | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Leadership Ability    | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Emotional Maturity    | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Vocal Skill           | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Acoustic Guitar Skill | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Piano Skill           | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |

Please list any other musical abilities the applicant may have: \_\_\_\_\_

Based on the above information, would you recommend this persona as a student at the New Life School of Worship at this time?  Strongly recommend  Recommend  Do no recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_

Would you like to discuss the applicant with our staff?  Yes  No

If yes, what number can we reach you at? \_\_\_\_\_

What times are most convenient for you? \_\_\_\_\_

Signature	Date
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**Thank you for your input! Please mail or fax this form by June 30, 2010.**  
**NLSW, 11025 Voyager Parkway, Colorado Springs, CO 80921. Fax number: 719.277.7147**

# PASTOR RECOMMENDATION



THIS SECTION TO BE  
FILLED OUT BY THE  
APPLICANT

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First	Last	Phone	
Address	City	State	Zip

Your signature below waives the right of access to this information.

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Signature	Date
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THIS SECTION TO BE  
FILLED OUT BY THE  
RECOMMENDER

Each New Life School of Worship applicant must submit a pastoral recommendation. Your comments are a valuable part of our decision making process; therefore, we ask you to complete this form carefully. This recommendation should be returned directly to the New Life School of Worship. If you have any questions, please call 719.268.8201.

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Name

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Position	Phone
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E-Mail

How long have you known the applicant? Please describe your relationship to the applicant.

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How well do you know the applicant?  Very well  Well  Casually  
Does the applicant demonstrate a personal relationship with Jesus Christ?  Yes  No  
If no, please explain: \_\_\_\_\_

Please check the word that most accurately describes the applicant's abilities in these areas:

- |                       |                               |                               |                               |                                      |                                  |
|-----------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------|----------------------------------|
| Musical Skill         | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Leadership Ability    | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Emotional Maturity    | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Vocal Skill           | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Acoustic Guitar Skill | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Piano Skill           | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |

Please list any other musical abilities the applicant may have: \_\_\_\_\_

Based on the above information, would you recommend this persona as a student at the New Life School of Worship at this time?  Strongly recommend  Recommend  Do no recommend  
Comments: \_\_\_\_\_

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Would you like to discuss the applicant with our staff?  Yes  No

If yes, what number can we reach you at? \_\_\_\_\_

What times are most convenient for you? \_\_\_\_\_

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Signature	Date
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**Thank you for your input! Please mail or fax this form by June 30, 2010.**  
**NLSW, 11025 Voyager Parkway, Colorado Springs, CO 80921. Fax number: 719.277.7147**