

LAKAS-ANGKAN MINISTRIES, INC.
LEADERSHIP DEVELOPMENT INSTITUTE

April 25 – May 25, 2010
Lakas Angkan National Training Center
 10697 Elon-elon St., Sta. Fe Subdivision
 4031 College, Laguna | Tel. +63 49 5360662



APPLICATION FORM

Last Name	First Name	Middle Name	Nickname

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	mm			dd					yyyy				
Age			Spiritual Birthday	mm			dd					yyyy				

Complete Home Address			

Complete Mailing Address			

Email Address			Contact Number/s		
			(Telephone/Cellular)		

Highest Educational Attainment
<input type="checkbox"/> Elementary <input type="checkbox"/> Vocational <input type="checkbox"/> Secondary / High School
<input type="checkbox"/> College, Degree finished <i>(please specify):</i>
<input type="checkbox"/> Masteral Degree, specialization <i>(please specify):</i>
<input type="checkbox"/> Doctoral Degree, specialization <i>(please specify):</i>

Had you attended any previous LDI?
<input type="checkbox"/> No , this is my first time.
<input type="checkbox"/> Yes , (specify batch year) _____

Ministry Experience
• Knows how to share the gospel (Bridge to Life). <input type="checkbox"/> Yes <input type="checkbox"/> No
• Has shared the gospel to other persons. <input type="checkbox"/> Yes <input type="checkbox"/> No
• Currently handling a Bible Study group/one-on-one. <input type="checkbox"/> Yes <input type="checkbox"/> No
• Currently leading a cell group. <input type="checkbox"/> Yes <input type="checkbox"/> No

Your T-shirt Size
<input type="checkbox"/> XL (Kids Size) <input type="checkbox"/> XS (Adult Size) <input type="checkbox"/> S
<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

Signature of Applicant	
Date	

Attachments
(Please comply all these requirements. See separate forms.)
<input type="checkbox"/> Personal testimony (at least 500 words handwritten)
<input type="checkbox"/> Endorsement letter
<input type="checkbox"/> Medical statement
<input type="checkbox"/> Statement of purpose

Don't write below this line.

ENDORSEMENT
 I hereby endorse the abovementioned applicant qualified for the LDI Training Program. A separate endorsement letter is herewith attached.

Signature	
Printed Name of Area Leader	
LA Ministry Area (Location)	
Date	

PLEASE RETURN completed application form with the attachments indicated above to:

The LDI Director
 LAMI National Office
 420 D. Reyes Street
 1303 Pasay City, MM
 Tel/Fax: +63 2 8319837
 Email: lakas.angkan@gmail.com
rogerborres@ymail.com

Deadline for Submission: December 1, 2009 (with Php 1,000.00 initial payment).