



# SYRACUSE BIBLE TRAINING CENTER A School of the Holy Spirit Application

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# CHRIST LIVING IN YOU MINISTRIES

PO Box 1776 Crestview, FL 32536

## Syracuse Bible Training Center

		Applicant Ir	nform	ation				
Full Name:						Date:		
	Last	First			M.I.			
Address:	Charact Address					An autor and I brit H		
	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:		E	mail <u>:</u>					
Church affili	ation:							
		YES NO						
Are you a U	nited States citizen?							
Education								
High Schoo	l:	Address:_						
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:_						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Christian Experience								
Briefly explain how your life changed after your conversion to Christianity.								

If you have been baptized in the Holy Spirit, briefly describe your experience.	
Signature	
I certify that my answers are true and complete to the best of my knowledge.	
Signature:	Date:

# Please mail your completed application to:

Psalm 19 Ministries PO Box 7 Nedrow, NY 13120

### Or email your PDF auto-fill application to:

cindy.rosenau@protonmail.com