

ALI 2026

\$750
JULY 12-17



APOSTOLIC LEADERSHIP INSTITUTE APPLICATION

DEADLINE: JULY 1ST | Tuition cost for the week includes lodging & meals for five days.

Please respond to each question thoughtfully and ensure your answers are printed or typed clearly.
Be sure to include all required signatures.

All information will be treated as confidential and handled with the utmost care. If a question is not applicable, please indicate with "N/A"

Personal Data

NAME LAST FIRST M.I. AGE GENDER

ADDRESS CITY STATE ZIP CODE

PHONE PRIMARY SECONDARY EMAIL

EMERGENCY CONTACT NAME RELATION PHONE

HOME CHURCH

PASTOR PHONE

Date of your water baptism in Jesus Name D M Y

Date you received the Holy Spirit evidenced by speaking in tongues D M Y

Relevant Health Information

List any conditions or relevant factors that we need to know about:

Education Data

HIGH SCHOOL / COLLEGE	CITY & STATE	DATES ATTENDED	DATE GRADUATED

Extracurricular Activities

List school, community, or church activities in which you have invested your time and effort:

Personal Commitment & Ministry Reflection

1. Would you be interested in an ALI curriculum that is longer than the current 2-year program?
2. What are your ministry plans or your service to the Lord?
3. How will you apply ALI's teachings to impact others in your personal life?

4. How will you apply this training to benefit your pastor and local church?
5. What are the eight most important things ALI needs to know about you?
6. How valuable is truth to you?
7. How important is it to not just know the truth, but to apply it?
8. How important is it for others to know what you know?
9. How important is it to you to uphold the commitments you make?

References

REFERENCE NO.1 <i>List a reference outside your family or pastor</i>	NAME _____	PHONE _____
	ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
REFERENCE NO.2 <i>List a reference outside your family or pastor</i>	NAME _____	PHONE _____
	ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____

Health & Liability Insurance Information

DETAILS _____	POLICY HOLDER	POLICY #	INSURANCE COMPANY	GROUP #
ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____
PHONE _____				

Signatures & Acknowledgments

The above named applicant has my permission to attend the A.L.I. I assume full responsibility for this applicant's health including any medical expenses incurred while at the Institute. I hereby grant my permission for this applicant to be administered any treatment that should become necessary as determined by any physician or medical personnel available to the Institute Staff. I understand that I will be notified should anything unforeseen happen. Should the Institute Staff be unable to contact the above named emergency contact due to time or other circumstances, the Institute Staff may take such temporary measures as they deem necessary and appropriate.

In consideration of my acceptance to participate in the A.L.I. program I hereby waive and promise not to sue the Apostolic Leadership Institute, its officers, directors, agents, divisions, employees, members, sponsors, promoters, affiliates, and the supervisory personnel and staff, and all private persons or entities volunteering services without charge, for any claim, liability, loss, cost or expense whatsoever arising in any way out of my participation in said Apostolic Leadership Institute.

Required if under 18 or still in High School.

I agree to obey and respect the authority of Institute staff.

SIGNATURE OF PARENT / GUARDIAN

DATE _____
D | M | Y

SIGNATURE OF APPLICANT

DATE _____
D | M | Y

SIGNATURE OF PASTOR

DATE _____
D | M | Y

Applications must be postmarked by June 8th: 39 Firebrick Rd, Sharon, MA 02067
Submit by email: apostolicleadership2@gmail.com