

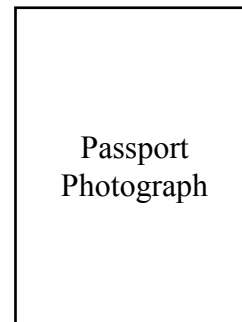


#602 Bauchi Ring Road, Cele Bridge,

P.O. Box 1955, Jos, Nigeria.

Tel: 0802-917-3921; 0803-421-0786; 0804-558-3535

E-mail: lsmnigeria@gmail.com; Website: www.lanistephens.org



APPLICATION FORM

Lani Stephens Music Institute is a Music Conservatory for candidates between age 3 and 65, interested in developing music ministry, study for qualifications or hobby, but too busy to undergo full-time studies in the university.

The programmes focus on teaching and training in **applied music** and **music ministry** for scholastic, professional, social, religious, personal and other musical practices.

Available Course: Organ, Piano, Guitar, Bass Guitar, Drums, Saxophone, Clarinet, Trumpet, Conducting and Performance Management, Voice Technique, Composition and African Drums, etc.

Application Form: N 5,000.00 - (Non refundable)

Tuition: N 33,500.00 per course

Instrument: Ranges between N200- N1,000 monthly (Not compulsory. You are exempted if you have your instrument).

Please return your completed application forms directly to your Collection Centre not later than of.....20..... For Summer, Adult classes hold in the morning/afternoon/evening (Mon – Sat: 3 times a week) while children classes hold in the mornings/afternoon (Mon – Sat: 3 times a week). *For student/pupils studying music simultaneously with their academic programmes: Once a week, during the school session.* Programmes V are on arranged time table.

Registrar / Director of Studies.

1. Registration Number:.....
2. Name:.....
3. E-Mail:..... Fax:..... Mobile Tel:.....
4. Postal Address:.....
5. Residence:..... Tel:.....
6. Office Address:..... Tel:.....
7. Sex:..... Age:..... (Day..... Month.....Year.....)
8. State of Origin:..... Nationality:.....
9. Last School Attended/Presently Attending.....
10. Course Studied/Studying:..... Qualification:.....
11. Present Occupation:.....
12. Denomination/Address:.....
13. Have you any musical experience?:.....
14. What instrument would you like to study in LSMI?.....
15. Do you have previous knowledge of it?:..... Specify:.....
16. Would you consider a change if you are physically handicap for the instrument of your choice?
.....What is your second choice?

17. State 2 periods you like to receive your lessons, in order of preference (Morning, Afternoon or Evening):.....
18. State 3 most convenient days or day of performance (Mon, Tue, Wed, Thur, Fri, Sat,.....
19. How do you intend to sponsor your training? Self, Organization, Parents, Others.
20. Have you ever been convicted by the law court? Why.....
-
21. Your proposed programme in CMA/LSMI
 Long Term [] Short Term [] Summer School [] Correspondence []
22. Mode of Study: (Tick one)
 Full time [] Part time [] Distant learning[] School Session [] Executive []

Declaration: I, _____ solemnly declare that all the information supplied here are true; and I shall conduct myself in a decent/godly way (No Drugs, smoking, drinking, illicit relationship or any immoral attitude) in the Music Institute and the hostel.

Sign:.....

Date:.....

RECOMMENDATION

This report is to be filled by applicant's present pastor, Leader or Employer.

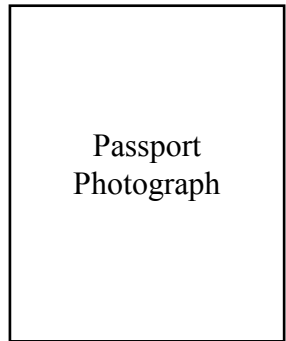
Note: It is dangerous to attest for an unknown person.

1. For how long have you known the applicant?.....
2. Relationship with the applicant:.....
3. What duty or responsibility does the applicant perform in your ministry / school / organization?.....
4. What is the candidate's marital status?..... Number of children:.....
5. Is the applicant on your /any sponsorship?..... specify.....
6. Would you like the applicant to continue serving in your ministry, school or organization during and after graduation?.....
7. In your opinion, is the candidate a committed Christian, Muslim, Hindu, Pagan (others)?
.....
8. Has the candidate been convicted by a law court before?..... Why?.....
-
9. Other remarks:.....
.....
.....
10. Name of Referee Title:.....
 Permanent Address:.....
 Telephone:..... Mobile Phone.....
 Sign..... (Date).....

OFFICE USE ONLY



NAME:.....
 ADDRESS:.....
 COURSES:.....
 TUITION:.....
 HOSTEL:.....
 PRACTICALS.....
 SCHEDULES.....
 DATE:.....



PROGRAMME (I-V)	STATUS	COURSE	RESUMPTION	COMPLETION	EXAM SCORES	PROFESSOR
		Organ				
		Piano				
		Guitar				
		Bass Guitar				
		Drums				
		Saxophone				
		Trumpet				
		Voice				
		Conducting				
		Composition				
		Clarinet				
		Violin				
		African Drums				
		* Theory				

DATE	AMT. PAID	RECEIPT NO.	BALANCE	OFFICER	REMARK

THE CERTIFICATE WAS ISSUED.....

OFFICE USE ONLY

CLEARANCE SHEET

Programme/Status.....
 Application Acknowledgement.....
 Commencement.....
 Course Duration.....
 Graduation.....
 Payment/Receipt No./Date.....
 Balance.....
 Remark.....
 Officer.....
 ***Final Clearance..... Officer..... Date.....