



LIGHTHOUSE

THEOLOGICAL INSTITUTE & SEMINARY, INCORPORATED

OFFICE OF ADMINISTRATION

MAILING ADDRESS: POST OFFICE BOX 816 | SUMMERTON, SOUTH CAROLINA 29148

OFFICE: (803) 574-2477 | **WEBSITE:** WWW.LIGHTHOUSE.TIS.COM | **EMAIL:** LIGHTHOUSEINSTITUTEINC@GMAIL.COM

Grace and peace be unto you from our Lord and Savior Jesus Christ.

On behalf of the Lighthouse Theological Institute and Seminary, I extend a heartfelt invitation for your congregation to partner with us as a Campus Extension Site. This partnership offers an exciting opportunity for your church to serve as a local hub for theological training, ministry development, and biblical education.

Beginning with our 2025 Summer Bible Institute, we are launching an initiative to make accredited, Christ-centered education more accessible to the communities we serve. This two-session summer program—Summer I & II—will allow students to take Bible and ministry-focused courses on-site at your church. Students will be able to earn certificates and transferable credits applicable toward associate, bachelor's, and graduate-level degrees offered by Lighthouse College.

We are particularly excited to offer qualifying students the opportunity to participate in our 2025 Summer Commencement Ceremony, which will be held on Saturday, July 26, 2025. This will be a moment of celebration not only for students, but also for the churches that have invested in equipping the next generation of kingdom leaders.

As a Campus Partner, your church will:

- Host seminary-level classes on your campus (virtual, in-person and independent studies),
- Offer members and community students access to accredited theological education,
- Join a network of churches committed to biblical literacy and leadership development,
- Receive ongoing support and training from the Lighthouse faculty and staff.

We believe that this partnership will enrich your ministry while furthering the mission of making theological education available to all who are called to serve.

If you are interested in becoming a Campus Partner or would like more information, please feel free to contact our administrative office at (803) 574-2477 or email me directly at ttindal.itis@gmail.com.

Thank you for considering this impactful opportunity. We look forward to the possibility of partnering with you in this Kingdom endeavor.

In His Service,

Dr. Terrance G. Tindal
Vice President of Operations
Lighthouse Theological Institute and Seminary
Office: (803) 574-2477
Cell: (803) 825-2118
Email: ttindal.itis@gmail.com



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LIGHTHOUSE THEOLOGICAL INSTITUTE AND SEMINARY

CAMPUS PARTNERSHIP APPLICATION

Empowering the Church. Equipping the Called.

CHURCH INFORMATION

Church Name: _____

Denomination/Affiliation (if applicable): _____

Senior Pastor Name: _____

Church Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Church Email: _____

Church Website (if any): _____

PRIMARY CONTACT PERSON

Full Name: _____

Position/Title: _____

Email Address: _____

Direct Phone: _____

CAMPUS PARTNER COMMITMENT

Please check each box to indicate agreement:

- ☐ We are interested in hosting Lighthouse Theological Institute and Seminary classes on our church campus.
- ☐ We are willing to provide classroom space and basic administrative support (e.g., Wi-Fi, chairs/tables, classroom access).
- ☐ We support the mission of biblical literacy, spiritual formation, and ministry preparation.
- ☐ We are open to promoting the Summer 2025 Bible Institute to our members and local community.



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SITE DETAILS

- Estimated Classroom Capacity: _____
- Available Technology (Check all that apply):
☐ Projector/Screen ☐ Internet Access ☐ Whiteboard ☐ Audio Equipment
- Preferred Days/Times for Hosting Classes:
☐ Weekday Mornings ☐ Weekday Evenings ☐ Weekend Mornings (Saturday)
- Other Facilities Available (optional):
☐ Fellowship Hall ☐ Parking Lot ☐ Breakout Rooms ☐ Office Space

ADDITIONAL INFORMATION (OPTIONAL)

Please share any additional thoughts, goals for this partnership, or questions you may have:

AUTHORIZATION

By signing below, I affirm that I am authorized to complete this application on behalf of the church and agree to further communication with Lighthouse Theological Institute and Seminary regarding this partnership.

Authorized Representative Name (Print): _____

Title/Role: _____

Signature: _____

Date: ____ / ____ / ____

SUBMIT COMPLETED APPLICATIONS TO:

Lighthouse Theological Institute and Seminary

Email: ttindal.ltis@gmail.com

or Upload Online at www.lighthouse.tis.com/campus-partnership