

S.O.A.P. BIBLE STUDY NOTES

Date: _____

SCRIPTURE (Verse or Verses that Stand Out to Me): _____

OBSERVATION (What do I Feel God is Showing Me in This Passage): _____

APPLICATION (What will I do about it? What do These Verses Ask Me to Do or Change?): _____

PRAYER (Thank Him and Ask Him for Wisdom to Help You Understand and Strength and Courage to Help You Apply These Truths): _____
