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):