



Date

Applying for:

Full Time

Part Time

Last Name

First Name

M.I.

Birth Date

Ethnicity(optional)

Are you 18 or older?

Yes

No

Email Address

Telephone #

Alternate Contact #

Are you a U.S. Citizen?

Yes

No

Marital Status

Married

Single

Divorced

Widowed

Are you legal permanent resident?

Yes

No

Have you previously applied to or attended a FSM or any other House Of Prayer program?

Yes

No

If yes, where?

When ?

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### Current Residence Information

Street Address

Street Address Line 2

City

State

Zip Code

### Mailing Address

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

### Parent/Guardian Residence Information

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

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### Emergency Contact 1

Last Name

First Name

Primary Phone Number

Secondary Phone Number

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### Physician and Medical Information

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Preferred Hospital

Insurance/Health Coverage (Company)

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

## Education

### High School

Year Of Graduation

Type Of School

Public

Private

GED

Home School

### College

School Name

Major

Graduate?

Yes

No

## Ministry/Church Information

Church Name

City

State

Pastor's Name

Member for how long?

Does Your Pastor know of this application?

Yes

No

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## Church/Ministry Involvement

Please list any offices/positions you hold or held in your church/  
ministry. vital Please also list any gifts/talents that you have  
(spiritual or natural). (Use a separate sheet of paper if necessary.

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What would you consider to be your strengths?

What do you consider to be your weaknesses?

Do you feel that you are called to the ministry? If so, why? Explain

If married, is your spouse supportive of your desire to attend FSM? If  
yes or no, please explain

Do you agree with our statement of faith?

Yes

No