

Date	Applying for: Full Time Part Time	
Last Name	First Name	M.I.
Birth Date	Ethnicity(optional)	Are you 18 or older? Yes
Email Address	Telephone #	No Alternate Contact #
Are you a U.S. Citizen? Yes No	Marital Status Marr Singl Divo Wide	le rced
Are you legal permanent resident?	Have you previously applied to or attended a FSM or any other House Of Prayer program? Yes	If yes, where? When ?

No

No

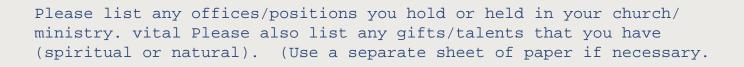
Current Residence Information			
Street Address	Street Address Line 2		
City	State	Zip Code	
Mailing Address (if different from above)			
Street Address	Street Address Line 2		
City	State	Zip Code	
Parent/Guardian Residence Information (if different from above)			
Street Address	Street Address Line 2		
City	State	Zip Code	
Emergency Contact 1			
Last Name	First Name		
Primary Phone Number	Secondary Phone Number		
Physician and Medical Information			

First Name

Last Name

Primary Phone Number	Seco	ondary Phone Number		
Preferred Hospital	Insui	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	on			
Church Name		City	State	
Pastor's Name	Member for how long?	Does Your Pastor know of this application?		
Yes				
		No		

Church/Ministry Involvement



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