

STUDENT APPLICATION

(Please type or print)



PERSONAL

Name

_____ Last

_____ First

_____ Middle

_____ Maiden

Present Address _____

City _____ State _____ Zip _____

Phone () _____ () _____ Country _____
Day Evening

Email _____

Sex: Male Female (Please circle) Social Security Number _____ - _____ - _____

Birthdate _____ Age _____ Birthplace _____

Are you U.S. citizen? _____ Yes _____ No Are you a resident alien? _____ Yes _____ No (If yes, enclose a copy of green card)

FAMILY

Marital Status: (circle one) Single Engaged Married Separated - When? _____
Divorced - When? _____ Widowed - When? _____

Name of spouse, if married _____ Anniversary Date _____

Spouse's Birthdate _____ Spouse's Age _____

Children (Names and ages) _____

Parents:

Father's name _____ Living? _____ Yes _____ No Phone () _____

Mother's name _____ Living? _____ Yes _____ No Phone () _____

HEALTH

How would you describe your health? Excellent Good Fair Poor

Do you have any physical disability? _____ Yes _____ No

If yes, please describe _____

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required. _____

SPIRITUAL

When did you accept Christ as your personal Savior? ____ / ____

Have you had an Acts 2:4 experience? ____ Yes ____ No If no, are you seeking it? ____ Yes ____ No

Do you attend church regularly? ____ Yes ____ No Are you a member? ____ Yes ____ No

Home church/Denomination _____

Pastor's name _____ Phone () _____

Address of church _____
Street City State Zip

State any Christian service you have done: _____

EDUCATION

Date graduated from High school/GED _____

List in chronological order the high schools and colleges attended.

Name of School	Attendance		Degree/Diploma	Type of course
	From	To		

EMPLOYMENT

Present employer _____

Address _____

Phone () _____ YOUR EMPLOYER MAY BE CONTACTED.

The Fire! School admits all people of all races, colors, national background, and ethnic origin; and extends to them all the rights, privileges, programs, and activities generally accorded or made available to the students of this school. The school does not discriminate on the basis of color, race, sex, national and/or ethnic origin or handicap, in the administration of it's policies and programs.

HISTORY

(Answering "YES" to the following questions will **not** automatically disqualify the applicant from acceptance.)

Have you used tobacco, illegal drugs, or drank alcoholic beverages to excess in the last six months?
___ Yes ___ No

If yes, please explain: _____

Have you ever been involved in homosexuality or lesbianism? _____ Yes _____ No

If yes, how long since last involved? _____

Have you ever been arrested? ___ Yes ___ No Any warrants for your arrest? ___ Yes ___ No

If yes, when? _____ Please attach a brief explanation.

Were you convicted? ___ Yes ___ No If yes, when and where? _____
Please attach a brief explanation.

Have you ever been involved in the occult, witchcraft, or cults? ___ Yes ___ No

If yes, please attach a brief explanation.

FINANCES

How do you plan to pay for your educational expenses? _____

Will you need assistance in finding housing? ___ Yes ___ No

How did you hear of River City School of Ministry? _____

AGREEMENT

I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read the Fire! School Handbook of Policies. I accept them, and agree to abide by them while I am a student of River City School of Ministry.

Applicant's signature

Date

This School of Ministry reserves the right to require the withdrawal of any student who is considered to be out of harmony with the spirit of this institute.

PASTOR'S RECOMMENDATION

NOTE: This section is to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly to the School Office. If your pastor is your parent or spouse, ask another member of the pastoral staff in your church to complete this form.

Date _____

Phone () _____ Day Phone () _____ Evening

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Country of citizenship _____

To the Pastor: The person listed above is applying for admission to The Fire! School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you know the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? _____ Yes _____ No

4. To what extent is the applicant engaged in the activities of your church? Please check one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

6. What do you consider to be the applicant's strengths? _____

7. Do you know of any weaknesses of which we should be aware? _____

8. To your knowledge, does the applicant: Use tobacco? Yes No Drink to excess? Yes No

Use illegal drugs? Yes No

9. Please describe home factors which might affect the applicant's success at River City School of Supernatural Ministry

10. The applicant's influence on his or her peers is _____ Positive _____ Neutral _____ Negative

11. Please evaluate the applicant in regard to the following categories. Please use the number ranking system below...

Excellent = 1

Above Average = 2

Average = 3

Below Average = 4

Poor = 5

No chance to observe = 0

- _____ **Response to authority**
- _____ **Reliability:** dependability, responsibility
- _____ **Maturity:** personal development, ability to cope with life situations
- _____ **Emotional stability:** reaction to stress, poise, mood stability
- _____ **Motivation:** genuineness, commitment
- _____ **Judgment:** ability to analyze a problem
- _____ **Oral expression:** clarity, coherence
- _____ **Interpersonal relations:** rapport, cooperation, attitudes toward supervision
- _____ **Empathy:** Sensitivity to the needs of others
- _____ **Work habits:** stamina, conscientiousness, perseverance, resourcefulness, initiative
- _____ **Leadership:** creative though, curiosity, self-confidence
- _____ **Personal appearance:** cleanliness, grooming
- _____ **Integrity:** honesty, moral character

Please add any further comments you may have which would help in our evaluation _____

Please check one:

- | | | | |
|--------------------------|------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | I highly recommend | <input type="checkbox"/> | I recommend |
| <input type="checkbox"/> | I recommend with reservation | <input type="checkbox"/> | I cannot recommend |

Please comment: _____

Please print or type the information below.

Your name _____ Phone () _____

Name of church and denomination _____

Pastoral position _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this to:

The Fire! School of Supernatural Ministry, 1529 Eureka Rd. #110 Roseville, CA 95661

Phone: (916) 791-7555 , Email fireschoolapplication@gmail.com

PERSONAL RECOMMENDATION #1

NOTE: This section is to be completed by Applicant

To the Applicant: This recommendation should be completed by a non-relative adult and mailed directly to the School Office.

Date _____

Phone () _____ Day Phone () _____ Evening

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Country of citizenship _____

To the person completing this recommendation: The above person is applying for admission to The Fire! School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Please mail directly to the school office.

1. How long have you know the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? ___ Yes ___ No
___ Unsure

4. To your knowledge, does the applicant: Use tobacco? Yes No Drink to excess? Yes No
Use illegal drugs? Yes No

5. In what form of Christian service has the applicant participated regularly? _____

6. What do you consider to be the applicant's strengths? _____

7. Weaknesses? _____

8. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted Critical Tolerant Passive Sympathetic Rebellious
 Respectful Enthusiastic Loving Teachable On Fire for Jesus

9. Please evaluate the applicant in regard to the following categories. Please use the number ranking system below...

Excellent = 1

Above Average = 2

Average = 3

Below Average = 4

Poor = 5

No chance to observe = 0

Christian commitment
 Social adaptability
 Cooperativeness
 Integrity and honesty
 Responsibility
 Physical health

Christian character
 Emotional stability
 Personal appearance
 Leadership
 Reliability
 Mental ability

Please add any further comments you may have which would help in our evaluation _____

Please print or type the information below.

Your name _____ Phone () _____

Name of church and denomination _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this to:

The Fire! School of Supernatural Ministry, 1529 Eureka Rd. #110 Roseville, CA 95661

Phone: (916) 791-7555 , Email fireschoolapplication@gmail.com

PERSONAL RECOMMENDATION #2

NOTE: This section is to be completed by Applicant

To the Applicant: This recommendation should be completed by a non-relative adult and mailed directly to the School Office.

Date _____

Phone () _____ Day Phone () _____ Evening

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Country of citizenship _____

To the person completing this recommendation: The above person is applying for admission to The Fire! School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Please mail directly to the school office.

1. How long have you know the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? ____ Yes ____ No
____ Unsure

4. To your knowledge, does the applicant: Use tobacco? Yes No Drink to excess? Yes No
Use illegal drugs? Yes No

5. In what form of Christian service has the applicant participated regularly? _____

6. What do you consider to be the applicant's strengths? _____

7. Weaknesses? _____

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Excellent = 1

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Below Average = 4

Poor = 5

No chance to observe = 0

Christian commitment
 Social adaptability
 Cooperativeness
 Integrity and honesty
 Responsibility
 Physical health

Christian character
 Emotional stability
 Personal appearance
 Leadership
 Reliability
 Mental ability

Please add any further comments you may have which would help in our evaluation _____

Please print or type the information below.

Your name _____ Phone () _____

Name of church and denomination _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this to:

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