

WHAT THIS FORM IS FOR

This form basically asks questions that require far more detail than you'd have time to complete online. So read through the questions on the following pages and answer them in Word or Pages. Once you're finished, upload them or fax them back to us. You'll also need to print out and sign the last two pages and either fax that back or upload the documents once you've scanned them back in.

Visit <http://gracecenter.us/school> for more details. If you have questions, please contact our Administration Manager at 615-200-SOSL (7675) or email school@gracecenter.us.

WORK HISTORY & EXPERIENCE

Please include a resume or history of your work experience.

Please include your involvement in special interest courses, musical abilities, artistic talents and hobbies.

BACKGROUND CHECK

I give my permission for Grace Center to do a National Background Check on me. *If you do not live in the United States, please send us a Police Check from your local or national police.*

Full Name:

Social Security Number:

Signature:

A police record will not automatically disqualify you from being accepted as a student but may affect what age group you are able to be placed with at Grace Center. Also some ministries visited during outreach may require police checks.

LIFE HISTORY

Please answer the following questions typed using your computer. Please do not write. Answer as completely as possible.

Spiritual Growth

- Outline your conversion and the events and steps leading up to that time.
- Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
- Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family.
- Are you meeting your expectations for personal spiritual growth?

Relationships and Experience

- Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- Please take one full page each to describe your relationship with your mother and your father.
- Briefly describe your relationship with the rest of your family.
- How does your family feel about your intentions to attend the School of Supernatural Life?
- What languages do you speak and how proficiently?

Goals and expectations

- Comment briefly on the circumstances that led up to your decision to apply for this school.
- What are your reasons for wanting to attend the school? Please include spiritual and ministry goals, missionary and church service goals, which you hope the school will help you fulfill.
- Briefly, what are your plans following the school program?

God's work

- How do you know that the Holy Spirit is working in your life?
- Have you ever experienced a miracle in your life? Please describe it.
- What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?
- How has the renewal / relationship with the Holy Spirit impacted your life?

LIFE HISTORY (CONTD.)

We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the program.

Please answer in detail. One sentence is not sufficient.

Substance Use

Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:

- a. Alcoholic beverages
- b. Tobacco
- c. "soft drugs" (e.g. marijuana)
- d. "hard drugs" (cocaine, heroin, chemicals).

Mental Health

Have you ever had psychiatric treatment? If so, please describe the treatment received, dates and any lingering difficulties.

Past Sin

Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:

- a. The occult
- b. A cult or sect, (new age, eastern mysticism, naturalistic philosophies, Mormonism, Jehovah's Witnesses, etc.)
- c. Heterosexual sin, including pornography and promiscuity
- d. Homosexual activity
- e. Compulsive behaviors, (shopping, eating, washing, scratching, etc.)

Past Abuse

Do you have a history of abuse? Either verbal, physical, emotional or sexual.

RELEASES, ACKNOWLEDGMENTS & COMMITMENTS

PERSONAL INFORMATION

Name:

Home
Telephone:

Email
Address:

Application
ID:

Date of
Birth:

Release of Liability

I do hereby release Grace Center, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with Grace Center School of Supernatural Life.

Applicant Signature:

Date:

Consent for Treatment

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I agree to meet any and all medical expenses that are incurred during the course of involvement with the Grace Center School of Supernatural Life.

Applicant Signature:

Date:

Financial Responsibility

I understand that within 14 business day of being notified that I have been accepted to the school, I agree to submit a \$200 USD non-refundable deposit to secure my place at the school. Failure to remit this deposit may void my acceptance to the school.

The remainder of the school fees (\$3,300.00 USD) may be made in full prior to or upon my arrival, or I may choose to pay my fees in accordance with a payment plan. If I choose to pay out my fees, I understand that it is a payment plan, and regardless of my status in the school the entire balance is owed by me. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with the Grace Center School of Supernatural Life. I understand that graduation from the School of Supernatural Life is not granted until all outstanding payments have been received

Applicant Signature:

Date:

Agreement to Abide by School Guidelines & Structure

To ensure that you understand what will be required of you as a student, please read the following and indicate that agree by signing below.

If I am accepted I will abide by the rules, commitments and schedules of the school including:

1. Completing all book reports, assignments, assessments and exams
2. Arriving at all school functions and commitments on time
3. Participating in practical help around the school and church
4. Attending all training sessions, classes & workshops that are a designated part of my course of study
5. Personal development of my gifting and talents as related to my course of study
6. Committing to all ministry & outreach opportunities I am required to participate in

Applicant Signature:

Date:

Is there a member of Grace Center staff that would know you well enough to give you a reference?

Yes

No

Name:

Can we have your permission to contact them to discuss your application?

Yes

No

I certify that all the information in my application, including the online portions, are complete and accurate.

Applicant Signature:

Date: