



Application Form

World Revival School of Ministry
9900 View High Drive
Kansas City, MO 64134
(877) 804-LIFE

Personal Data

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: / / Social Security #: _____

Marital Status: _____

Spouse's Name: _____

Is your spouse in full agreement with you attending WRSM? _____

If no, why not? _____

Number of Children: _____ Ages of Children: _____

How did you learn about WRSM? _____



Status: First Time Student

Transfer Student

Would like to attend:

Full-time

Part-time

Pursuing: Classes in Audit Status

Second Year Ministry Training Certificate

First Year Ministry Training Certificate

Third Year - Bachelor of Ministerial Studies Degree

Plan to Enroll:

Fall Quarter

Winter Quarter

Spring Quarter

Summer Quarter

Family Data

Parents' Name: _____

Address: _____

Phone #: _____

Financial Information

Are you prepared to meet financial obligations to WRSM?

YES

NO

If no, who will be responsible for the payment of your tuition?

Name of individual / Name of Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone (Business / Home): _____

Educational Data

Please list all educational institutions, beginning with High School.

Name / Address of School	Dates From / To	GPA	Course of Study	Degree or Diplomas

Employment Data

Employer's Name and Address

Name 1: _____ Address: _____ City: _____

State: _____ Zip: _____

Name 2: _____ Address: _____ City: _____

State: _____ Zip: _____

Name 3: _____ Address: _____ City: _____

State: _____ Zip: _____

Please list any professional skills, special talents or abilities you possess.

Please list those that you would like to further develop.

Community and church-related activities.

Church Information and Ministry Experience

Church Name: _____ Phone #: _____

Pastor's Name: _____ Assoc. Pastor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you attended the church named above? Years: _____ Months: _____

If you have attended the church named above for less than one year, please give info on the church before last.

Church Name: _____ Phone #: _____

Pastor's Name: _____ Assoc. Pastor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you attended the church named above? Years: _____ Months: _____

Have you accepted Christ as your Lord and Savior? Yes No

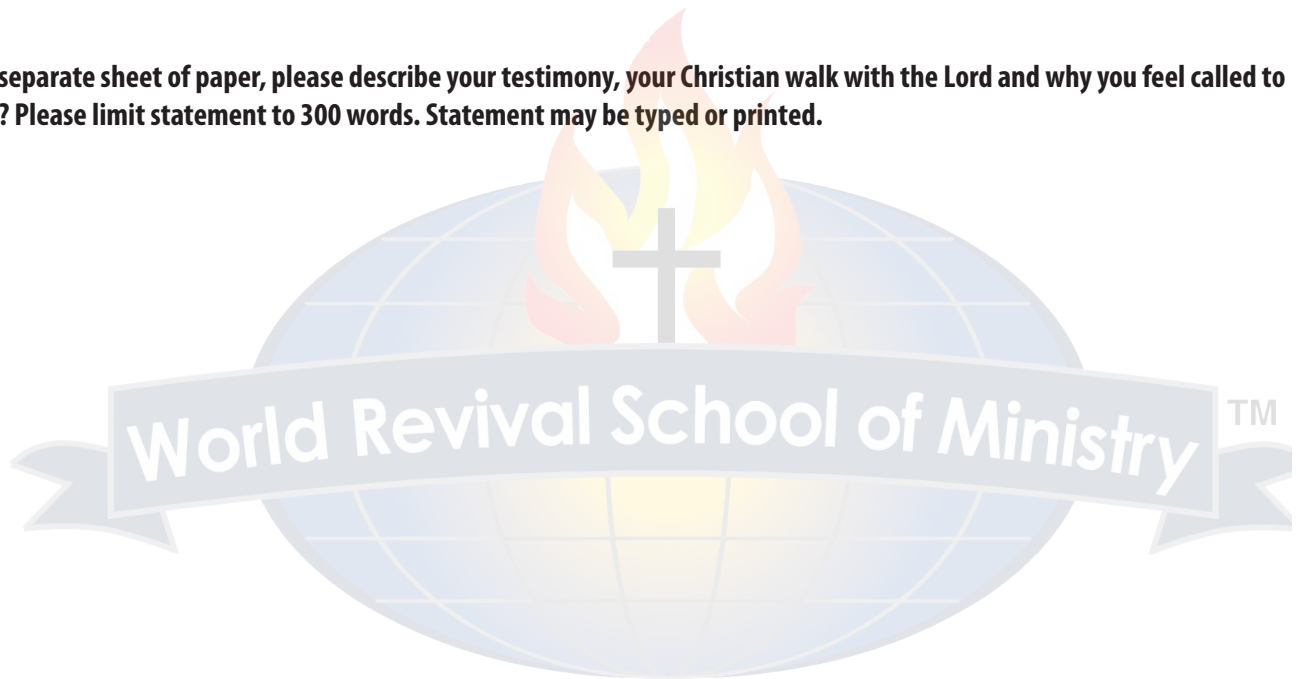
If yes, when?: _____

Have you been baptized in the Holy Spirit with the evidence of speaking in tongues? Yes No

Type of Ministry in which you have been, or are involved in?: _____

Have you ever been convicted of a felony? Yes No If yes, please explain and give date: _____

On a separate sheet of paper, please describe your testimony, your Christian walk with the Lord and why you feel called to WRSM? Please limit statement to 300 words. Statement may be typed or printed.



Health Information

How would you describe your health status?:

Have you ever been treated for mental / emotional conditions? Yes No If yes, please describe:

Emergency Contact:

Home Phone # of Contact:

Work Phone # of contact:

Medical Consent

I, the undersigned, do hereby state that on the date indicated, I do hereby grant full permission to World Revival School of Ministry, or any related or consulting physician to render or give emergency aid , care or treatment that is deemed necessary. I also state that, should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve World Revival School of Ministry of any financial liability pertaining to such medical treatment or hospitalization.

Signature

Date

World Revival School of Ministry does not discriminate on the basis of race, age, gender or disabilities.

Recommendation from a Christian FRIEND (who has known you for over two years)

World Revival School of Ministry
9900 View High Drive, Kansas City, MO 64134

Please print name of applicant: _____

Street Address: _____ City: _____ State: _____ Zip: _____

**World Revival School of Ministry requests that the following waiver be signed prior to giving this form to a Christian friend.
I hereby waiver the right to inspect this confidential recommendation which is a part of my admission file.**

Signature

Date

This section is to be completed by a Christian :

The person named above is applying to World Revival School of Ministry. We appreciate you filling out this form on their behalf. Per the waiver signed above, all information will be held in the strictest confidence. Please mail directly, per the address above, to World Revival School of Ministry.

How long have you known the applicant?: _____

How would you describe your relationship with the applicant? Very Close Close Casual Distant

Is the applicant prompt in paying his / her bills? Yes No Unknown

How would you rate the applicant's spiritual influence on others? Positive Neutral Negative

Has applicant's friendship been such that you would place confidence in his / her integrity? Yes No

Please explain: _____

Are there any personality traits that would hinder the applicant's relationship with others? Yes No

Please explain: _____

Have you known the applicant to engage in any questionable or immoral behavior? Yes No

Please explain: _____

Please describe the applicant's home life and/or marriage: _____

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

What do you consider to be the applicant's weaknesses? _____

Recommendation from a Christian friend - Page 2

How would you rate this applicant in the following areas? Please choose one for each category.	Excellent	Good	Average	Poor	Terrible	Unknown
Dependability						
Responsibility						
Mental Ability						
Emotional Level						
Initiative						
Leadership Ability						
Morality						
Christian Walk Initiative						
Cooperation						
Reliability						
Teach-ability						
People Skills						
Integrity						

Statement of Truth

I hereby state that the information contained in this Recommendation Form is correct and true to the best of my knowledge.

Name: _____ Signature: _____
Print

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Work #: _____

E-Mail: _____ Date: _____

Pastoral Recommendation

World Revival School of Ministry
9900 View High Drive, Kansas City, MO 64134

Please print name of applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

World Revival School of Ministry requests that the following waiver be signed prior to giving this form to your Pastor. If an immediate family member is your pastor, please refer this form to the Assistant Pastor or Youth Pastor of your church.

I hereby waiver the right to inspect this confidential recommendation which is a part of my admission file.

Signature of Applicant: _____ Date: _____

This Section is to be Completed by the Pastor:

The person named above is applying to World Revival School of Ministry. We appreciate you filling out this form on their behalf. Per the waiver signed above, all information will be held in the strictest confidence. Please mail directly, per the address above, to World Revival School of Ministry.

How well do you know the applicant? Very Well Well Casually

How long have you known the applicant? _____:Years _____:Months

To what extent is the applicant involved in the activities of your church?

- Is very irregular in attendance Attends regularly but seldom participates in activities
 Attends regularly and is cooperative and willing to help Attends regularly and enthusiastically engages in activities

To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes No

To the best of your knowledge, is the applicant currently living a Christian life?

- Yes No

Is the applicant prompt in paying his / her bills?

- Yes No Unknown

How would you rate the applicant's spiritual influence on others? Positive Neutral Negative

Have you ever known the applicant to gossip or back-bite others? Yes No

If yes, please explain: _____

Have you ever known the applicant to engage in any questionable or immoral behavior? Yes No

If yes, please explain: _____

Please describe the applicant's home life and/or marriage: _____

Pastoral Recommendation - Page 2

What do you consider to be the applicant's strengths?:

What do you consider to be the applicant's weaknesses?:

Please describe the applicant's character including the following areas:

Emotional Stability:

Spiritual Life:

Integrity:

Spiritual Leadership:

How would you describe the applicant's ability to succeed socially and academically in college?:

To the best of your knowledge, has the applicant used alcohol, illegal drugs, or tobacco or been involved in immoral sexual activity within the last 12 months? Yes No Unknown

If yes, please explain:

Your recommendation of this applicant to WRSM:

Strongly Recommended Recommended Recommended with Reservation Do Not Recommend

In what type of ministry has the applicant been involved?:

How would you rate this applicant in the following areas? Please choose one for each category.	Excellent	Good	Average	Poor	Terrible	Unknown
Integrity						
Dependability						
Responsibility						
Motivation						
Emotional Level						
Initiative						
Leadership Ability						
Morality						
Christian Walk Initiative						
Cooperation						
Reliability						
People Skills						

Statement of Truth (Pastoral Recommendation - Page 3)

I hereby state that the information contained in this Recommendation Form is correct and true to best of my knowledge.

Pastor's Name: _____ Title: _____

Printed

Signature **Date**

Church Name: _____

Address: _____ City _____ State: _____ Zip: _____

Phone #: _____ E-Mail: _____

Please understand that the applicant cannot be considered for admission until this reference is returned to the office of admissions. We appreciate the prompt attention, frankness and openness you have given to this evaluation.

