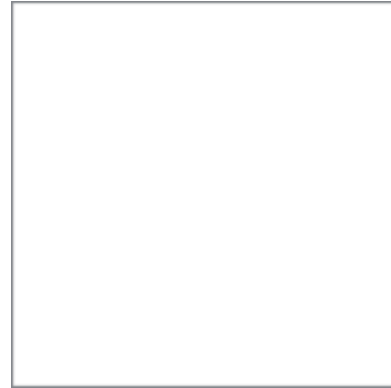


CSSM Application

Convergence School of Supernatural Ministry / Specialized

Photo

Attach a 2x2" photo of yourself here:



Basic Information

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

About You

Address: _____

City: _____

State: _____ Zip/Postal Code: _____

Country: _____

Gender: • Male • Female

Have you attended any other ministry schools or programs besides CSSM? Yes / No

If yes, please explain

Employment

Are you currently employed? Yes / No

Occupation

Current Employer

Can we contact your employer? Yes / No

Employer Phone Number

Country

City

State/Province

Finances

We highly encourage students to pay their tuition in full by September 1st. If you are unable to do so there is an installment plan you can apply for. There is a \$100 deposit due upon submitting your application. The total tuition is \$400.

Will be able to pay your tuition in full by September 1st? Yes / No

If no, please explain

Family

Current Marital Status

- Married
- Single
- Divorced
- Widowed

What is your spouse's name?

Is your spouse attending CSSM? Yes / No

Is your spouse in full agreement with your decision to attend CSSM? Yes / No

If No, Please explain:

If you're not married, are you in a relationship? Yes / No

If yes, are you living together? If yes, please explain

Have you ever been separated and/or divorced? Yes / No

Please provide an explanation of each marriage and separation and/or divorce.

Do you have a child, sibling or parent who is also attending CSSM at the same time? Yes / No

Family Member(s) FULL Name

Health

Do you have any illnesses, including mental illness, we should be aware of?

Please list and describe them.

Do you take prescription medications?

If yes, please list the names of the medications and why they are prescribed.

Do you have any physical, emotional or mental limitations you might experience while attending CSSM?

Please list them

Have you used tobacco within the last 12 months?

Please explain

Have you consumed alcoholic beverages within the last 12 months?

Please explain

Have you used illegal drugs within the last 24 months?

Please explain

Have you been involved with pornography within the last 12 months?

How often and how recently?

If yes, please explain where you are in your process of pursuing freedom.

Have you struggled with homosexual behavior or same sex attraction in the last 5 years?

Please explain where you are in your process with this.

Have you exhibited any self-destructive behavior or habitual problems with the last 5 years? (i.e. eating disorder, cutting, compulsive lying, etc.)

Please explain

Have you ever been arrested?

If yes, please provide a brief explanation of when and why.

Do you have a home church?

Are you a member? Yes / No

Are you directly connected to your pastor at your home church?

Home Church

Pastor's Name

Church Address _____
Church Address _____
Church Phone Number _____
Church City _____
Church Country _____
State (county/province) _____

We will be contacting your pastor.

Do you attend church regularly? Yes / No
How long have you been regularly attending there? _____

Have you recently left another church? Yes / No
Was it a good parting or are there unresolved issues?

What year did you attend CSSM?

Please provide two people who are not family that we can contact for references.

Name: _____
Number: _____
Relationship: _____
Years known: _____

I verify all of the above information is honest and accurate

Print Name: _____

Your Signature: _____

Date: _____