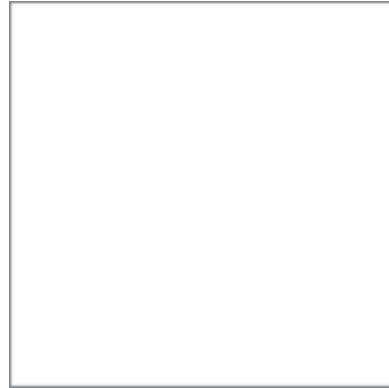


CSSM Application

Convergence School of Supernatural Ministry / Core

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

Education

Have you graduated from High School? Yes / No

Graduation Date _____

Have you attended College/University? Yes / No

Please give details (including area of study, years attended & graduation date if applicable)

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

If yes, please explain

What is your highest level of education?

What was your main field of study?

What industry area do you have the most experience in?

How many years experience do you have in this area?

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 you 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 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

Revivalist Lifestyle

"A revivalist is a believer who is focused and passionate, willing to pay any price to live in community, purity and power."

We are asking you to "pay the price" of transparency and trust as you answer the following very personal questions. We don't mean to highlight sin, as we know believers are forgiven and are new creations in Christ, but it is helpful for you to seriously consider our expectations in order to know if you will thrive at CSSM.

The freedom of the CSSM environment demands a high level of self-control and it works best when this sort of self-management is already being demonstrated before you come as we are not a recovery or a discipleship school. If you are still trying to figure out your commitment to Christ or to personal holiness and wholeness, we are not the school for you. If this is the case, God has a different assignment for you at this stage of your life.

Please read the following excerpt concerning our expectations to determine if you should continue in your application to CSSM.

Revivalist Lifestyle

A revivalist is a believer who is focused and passionate, willing to pay any price to live in community, purity, and power.

If you are in agreement with our expectations, then continue to fill out the application below. We have found that honest answers to these questions are mutually helpful in deciding if CSSM is a fit for you at this time; and leads to a more effective application interview. Having had setbacks or struggles in these areas does not automatically disqualify you from being accepted as a student.

NOTE: Answering YES to the following questions will NOT automatically disqualify the applicant from acceptance.

I verify I have read and agree to follow the Revivalist Lifestyle Guidelines during my time at CSSM.

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.

Have you ever been involved in the occult, witchcraft, or cults?

Please explain

Spiritual History

When did you accept Christ as your personal Savior?

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4?

If yes, how do you know you were baptized in the Spirit?

Please tell us about this

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? _____

In what capacity are you currently serving your local church?

If you do not currently serve in your local church, please tell us about this.

Have you recently left another church? Yes / No

Was it a good parting or are there unresolved issues?

Please give a brief description of any Christian service you've done (i.e. ministry experience, volunteer work, etc.)

Have you been exposed to any other teaching material (i.e. audio or video teaching, conferences, etc.) from a leader at Bethel Church?

Please list them

Have you previously applied to CSSM? Yes / No

Please explain

If yes, were you previously accepted or denied? Yes / No

If yes, for what school year did you previously applied? _____

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: _____