

Celebration School of Supernatural Ministry

1st Year Application

VITAL INFORMATION

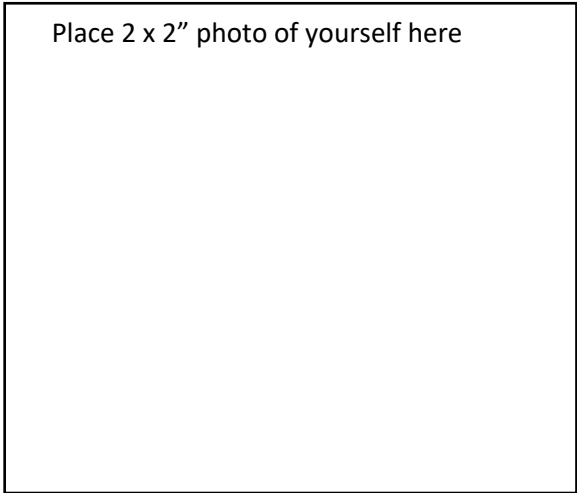
First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____



ABOUT YOU

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Country: _____

PERSONAL (circle one) Gender: • Male • Female

Marital Status: • Single • Married • Divorced • Widowed

If married will your spouse be attending school? YES NO

If separated or divorced, please provide an explanation for each marriage and divorce:

Birth Date: _____

Age: _____ Birthplace: _____

Are you a U.S. Citizen (circle one)? YES NO If not a U.S. Citizen, please explain your level of understanding, reading, and writing English: _____

SPIRITUAL INFORMATION 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 (circle one)? YES, NO

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

Do you attend church regularly (circle one)? YES, NO

Are you a member (circle one)? YES, NO

How long have you been attending regularly there? _____

Home Church: _____

Pastor's Name: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Church Phone: _____

Have you recently left another church (circle one)? YES, NO

If yes, was it a good parting or are there unresolved issues?

State any Christian service you have done:

HEALTH

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

EDUCATION

Did you graduate from High School (circle one) or get a GED or equivalent (circle one)? YES, NO

Did you attend college/university (circle one)? YES, NO

What was your major? _____ Date Graduated: _____

FAMILY

Name of spouse, if married: _____

Spouse's Birth Date: _____

Children (names and ages): _____

*Parents: (fill out this section only if you are a minor or living at home with your parents)

Father's Name: _____ Living (circle one)? YES, NO

Phone: _____

Mother's Name: _____ Living (circle one)? YES, NO

Phone: _____

EXPERIENCES

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

Have you used tobacco in the last six months (circle one)? YES, NO

Have you drunk alcoholic beverages in the last six months (circle one)? YES, NO

If you answered yes to either of the above, please explain:

Have you been involved with pornography, homosexuality or other sexual infidelity within the last 5 years (circle one)? YES, NO If so, when was the last time, and what have you been doing to remain pure in this area & what has God done to restore you?

Have you ever been arrested (circle one)? YES, NO If yes, when? Please provide a brief explanation:

Were you ever convicted (circle one)? YES, NO If yes, when and where? Please provide a brief explanation:

Have you ever been involved in the occult, witchcraft, or cults (circle one)? YES, NO If yes, please provide a brief explanation:

Have you used illegal drugs in the last twelve months? YES, NO If so, please explain:

EMPLOYMENT

Occupation: _____

Present Employer: _____

Address: _____

Phone: _____

*Your employer may be contacted.

FOREIGN STUDENTS

What visa are you planning to come with?

FINANCES

Tuition is \$885 (\$35 registration fee NOT included) and you are expected to pay at least \$275.00 on the first day of school. Will you be prepared to pay it (circle one)? YES NO If you need to work out an alternative plan, please explain.

CSSM

Have you previously applied to CSSM (circle one)? YES NO

Please list any books written by Bill Johnson or Kris Vallotton you have read:

How did you hear about CSSM?

STATEMENT OF PURPOSE

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord). Limit statement to 300 words:

SECOND PERSONAL RECOMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

PASTORAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

PAYMENT INFORMATION

Tuition is \$885.00 for the school year.

*There is a non-refundable application fee of \$35.00 (For 1st year students only).

Upon your acceptance to CSSM, we will require a \$100.00 deposit within 30 days of receiving your acceptance letter to confirm your decision to attend CSSM. This can be paid online or through our CSSM Admissions Department by calling (949)916-5515.

Please select your payment method. Payment Method (circle one): • CHECK • CASH • CREDIT CARD

BILLING INFORMATION Name: _____

Address: _____

City: _____

State: _____ Country: _____ Zip Code: _____

CC # _____ - _____ - _____ Exp _____ Sec Code _____ - _____

CSSM SCHOOL 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 Celebration School of Supernatural Ministry Handbook of Policies (or all the information/policies pertaining to CSSM found on <http://www.myccav.com>). I accept them, and agree to abide by them while a student of Celebration School of Supernatural Ministry.

Signature: _____ Date: _____