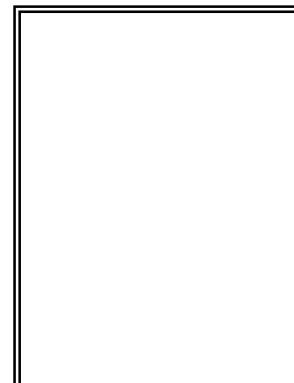


**PHOTO OF YOU**  
(attach a 2x2" photo of yourself here)



## 1<sup>st</sup> Year Application

Please fill out completely and mail with \$35 application fee to:  
*CSSM, 5745 James Avenue, Fort Worth, TX 76134*



### VITAL INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What year of school are you applying for (circle one)?

- Graduating Year of 2010/11 2011/12

### 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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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: \_\_\_\_\_  
 Church Phone: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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State any Christian service you have done:

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**HEALTH**

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

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**EDUCATION**

Did you graduate from High School (circle one)? YES NO

or get a GED or equivalent (circle one)? YES NO

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

What was your major? \_\_\_\_\_

Graduated from college/university (circle one)? YES NO

Date Graduated: \_\_\_\_\_

**FAMILY**

Name of spouse, if married: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_

Children (names and ages): \_\_\_\_\_

**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 yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been involved with pornography in the last 12 months (circle one)? YES NO

If so, when was the last time, and what have you been doing to remain pure in this area?

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Have you been involved in homosexuality within the last 5 years? YES NO

If so, when was the last time? And please explain what God has done to restore you:

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Have you ever been arrested (circle one)? YES NO

If yes, when? Please provide a brief explanation:

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Were you ever convicted (circle one)? YES NO

If yes, when and where? Please provide a brief explanation:

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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 six months? 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 \$3100. Will you be prepared to pay (circle one)? YES NO

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CSSM**

Please list any Christian books you have read:

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How did you hear about Convergence School of Supernatural Ministry?

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**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:

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**MORE INFORMATION**

Briefly explain why you want to attend Convergence School of Supernatural Ministry:

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What are you really passionate about?

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**FIRST PERSONAL RECOMMENDATION**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECOND PERSONAL RECOMMENDATION**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PASTORAL RECOMMENDATION**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PAYMENT INFORMATION**

\*The application fee is a non-refundable \$35. Please select your payment method.

Payment Method (circle one):

- CHECK
- CASH
- CREDIT CARD

\*Please Note: 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 through our CSSM Admissions Department by calling (817) 293-5050, extension 17.

**BILLING INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Country (circle one):

- Outside of USA
- USA

**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 all the information, core values and policies pertaining to CSSM found on <http://www.convergenceschool.org>. I accept them, and agree to abide by them while a student of Convergence School of Supernatural Ministry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_