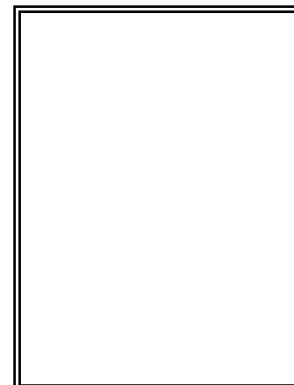


PHOTO OF YOU
(attach a 2x2" photo of yourself here)



1st 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 2009 2010

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?

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)? 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?

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:

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

If yes, when? Please provide a brief explanation:

Where 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 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. You are expected to pay at least \$1500 on the first day of school, and installments of \$800 on October 16th and November 27th. Will you be prepared to pay it (circle one)? YES NO

If no, please explain:

CSSM

Please list any Christian books you have read:

How did you hear about Convergence School of Supernatural Ministry?

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:

MORE INFORMATION

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

What are you really passionate about?

FIRST PERSONAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____

Country: _____ Zip Code: _____

SECOND PERSONAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____

Country: _____ Zip Code: _____

PASTORAL RECOMMENDATION

Full Name: _____

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: _____