

Tri Lakes School of Supernatural Ministry

The Tri Lakes School of Supernatural Ministry will function under the oversight of Tri Lakes Community Church and will follow the curriculum of the School of Supernatural Ministry from Bethel Church in Redding, California (www.ibethel.org). This application will be held confidentially, but is required for attendance at the school. It is intended to be used by students both in Tri Lakes and those from other churches. Some questions will have more application for those outside of Tri Lakes.

VITAL INFORMATION

Name (First, Middle, Last): _____

Address: _____ City/State: _____ Zip: _____

Birth Date: _____ Age: ____ Birthplace: _____

Email Address: _____

Landline Phone Number: _____

Cell Phone Number: _____

Best way to contact you – Please check the appropriate box.

Do you need childcare? YES NO If yes, ages of children: _____

PERSONAL (circle one)

Gender: Male Female

Marital Status: Single Married Divorced Widowed Separated Re-married

If married, is your spouse planning to attend the school? YES NO

If separated or divorced, please provide a brief explanation.

SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior?

Have you been water baptized? (Circle one) YES NO

If yes, when and where? _____

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? YES NO

Are you a member? 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? YES NO

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

State any Christian service you have done:

EDUCATION

Did you graduate from High School? YES NO

Did you attend college/university? YES NO

What was your major? _____

Date Graduated: _____

FAMILY

Name of spouse, if married: _____

Spouse's Birth Date: _____

Spouse's Age: _____

Children (names and ages): _____

EMPLOYMENT

Occupation: _____

Present Employer: _____

Address: _____

Phone: _____

FINANCES

Tuition is \$50 (\$75 for those outside of TLCC) per section and you are expected to pay on the first day of school for each section. Will you be prepared to pay it (circle one)? YES NO

If no, please explain:

How did you hear about TLCC SSM?

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 Tri Lakes Community Church School of Supernatural Ministry:

What are you really passionate about?

Signature: _____ Date: _____