

Place Photo Here

Student Application				
Date:				
Name:				
First	MI		Last	
CONTACT INFORMATION				
Address:				
City/State:		Zip: _	Country:	
Mailing Address: (if different from ab	ove)			
Street Address/P.O. Box:				
City/State:				
Phone:				
		nship:		
J.S. Citizen? Yes No	If no, country of citizer			
U.S. Citizen? Yes No Birthday:	If no, country of citizer	re you ma	arried, single, or divord	ced? (Circle On
U.S. Citizen? Yes No Birthday: If married, what is your spouse's nam	If no, country of citizer A ne?	re you ma	arried, single, or divord	ced? (Circle On
U.S. Citizen? Yes No Birthday: If married, what is your spouse's nam EMERGENCY CONTACT INFORM	If no, country of citizer Ane? ATION	re you ma	arried, single, or divord	ed? (<i>Circle On</i>
U.S. Citizen? Yes No Birthday: If married, what is your spouse's nam EMERGENCY CONTACT INFORM Emergency Contact:	If no, country of citizer Ane? ATION	re you ma Child	arried, single, or divord	ed? (<i>Circle On</i>
U.S. Citizen? Yes No Birthday: If married, what is your spouse's nam EMERGENCY CONTACT INFORM Emergency Contact: Address:	If no, country of citizer Ane? ATION	re you ma Child	arried, single, or divord	ed? (Circle On
U.S. Citizen? Yes No Birthday: If married, what is your spouse's nam EMERGENCY CONTACT INFORM Emergency Contact: Address: City/State:	If no, country of citizer Ane? ATION	re you ma ChildRelatiZip: _	arried, single, or divordiren?ionship:Country:	ced? (Circle On
Email: No No No No No No Birthday: If married, what is your spouse's named when the spouse is named with the spouse is nam	If no, country of citizer Ane? ATION	re you ma Child Relati Zip: _	arried, single, or divordiren?ionship:Country:	ced? (Circle On
U.S. Citizen? Yes No Birthday: If married, what is your spouse's name EMERGENCY CONTACT INFORM Emergency Contact: Address: City/State: Phone: Email:	If no, country of citizer Ane? ATION	re you ma Child Relati Zip: _	arried, single, or divordiren?ionship:Country:	ced? (Circle On
U.S. Citizen? Yes No Birthday: f married, what is your spouse's name EMERGENCY CONTACT INFORM Emergency Contact: Address: City/State: Email: CHURCH INFORMATION	If no, country of citizer Ane? ATION	re you ma Child Relati Zip: _	arried, single, or divord dren?ionship:Country: Is Text Okay? Yes	ced? (Circle On
U.S. Citizen? Yes No Birthday: If married, what is your spouse's name EMERGENCY CONTACT INFORM Emergency Contact: Address: City/State: Phone: Email: CHURCH INFORMATION Home Church:	If no, country of citizer Ane? ATION	re you ma	arried, single, or divordiren?ionship:Country:Is Text Okay? Yes	ced? (Circle On
U.S. Citizen? Yes No Birthday: If married, what is your spouse's nam EMERGENCY CONTACT INFORM Emergency Contact: Address: City/State:	If no, country of citizer Ane? ATION	re you ma Child	arried, single, or divordiren?ionship:Country: Is Text Okay? Yes	ned? (Circle On

Have you ever been convicted of	f a felony? Yes No	
*If you prefer not to answer this o	question on this form, you may choose to discuss your answer in person	
with DSSM leadership. Either wa	ay, your answer will NOT automatically disqualify you from acceptance.	
Favorite Hobby?:	I grew up in (State):	
APPLICANT TESTIMONY + PU	JRPOSE STATEMENT	
Please describe your Christian ex	experience. (How you came to know the Lord, your present walk with the	ne
Lord, etc.)		
-		
NA/less de servicione de la cataloga Desse		
why do you want to attend Days	spring School of Supernatural Ministry?	
Do you feel called to a particular	ar aspect of ministry or service? (pastoral care, missions, children/yout	h
education, etc.)		٠٠,