



Place Photo Here

Student Application

Date: _____

Name: _____
First MI Last

CONTACT INFORMATION

Address: _____

City/State: _____ Zip: _____ Country: _____

Mailing Address: (if different from above)

Street Address/P.O. Box: _____

City/State: _____ Zip: _____ Country: _____

Phone: _____ Is Text Okay? Yes _____ No _____

Email: _____

U.S. Citizen? Yes _____ No _____ If no, country of citizenship: _____

Birthday: _____ Are you married, single, or divorced? (*Circle One*)

If married, what is your spouse's name? _____ Children? _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Address: _____

City/State: _____ Zip: _____ Country: _____

Phone: _____ Is Text Okay? Yes _____ No _____

Email: _____

CHURCH INFORMATION

Home Church: _____

Street Address: _____

City/State: _____ Zip: _____ Country: _____

Pastor: _____ Phone: _____

OTHER INFORMATION

Are you born again? Yes _____ No _____ Have you been filled with the Holy Spirit? Yes _____ No _____

**If you prefer not to answer this question on this form, you may choose to discuss your answer in person with DSSM leadership. Either way, your answer will NOT automatically disqualify you from acceptance.*

I would like to go to (Country): _____

Please describe your Christian experience. (How you came to know the Lord, your present walk with the Lord, etc.) _____

[illegible]
