

1st YEAR APPLICATION FORM

VITAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____ State: _____

Country: _____

PERSONAL (circle one)

Gender:

- Male
- Female

Marital Status:

- Single
- Engaged
- 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: _____

Birthplace: _____

What country is your citizenship? _____

Please explain your level of understanding, reading, and writing English:

SPIRITUAL INFORMATION

When did you accept Christ as your Lord and Savior?

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4 (circle one)? YES NO UNSURE

If yes or unsure, please describe your experience of being baptized.

Have you been water baptized (circle one)? YES NO
When was this?

Do you attend church regularly (circle one)? YES NO
Are you a member (circle one)? YES NO
Do you tithe regularly (circle one)? YES NO

How long have you been attending regularly there?

What is your relationship with the leadership like?

Home Church/Denomination: _____

Pastor's Name: _____

Church Address: _____

Church Phone: _____

City: _____ State: _____

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

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

In what areas of church life are you currently serving or have served in the past? (ie: worship, missions, set up, nursery)

What are your skills and giftings?

What are you passionate about?

HEALTH

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

EDUCATION

Did you graduate from High School 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 Age: _____
Children (names and ages):

Does your spouse support you attending school here (circle one)? YES NO
Is your spouse a believer (circle one)? YES NO

PARENTS

Father's Name:

Living (circle one)? YES NO
Phone: _____

Mother's Name:

Living (circle one)? YES NO
Phone: _____

How is your relationship with your parents?

EXPERIENCES

Answering "YES" to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you used tobacco/ illegal drugs/ alcohol in the last six months (circle one)?

YES NO

If yes, please explain:

Have you ever been involved in sexual immorality (pre-marital sex, adultery, pornography, homosexuality, ect) (circle one)? YES NO

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

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

If yes, when? 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:

EMPLOYMENT

Occupation: _____

Present Employer: _____

Address:

Phone: _____

*Your employer may be contacted.

FOREIGN STUDENTS

What visa are you planning to come with?

FINANCES

Tuition is \$3200 and you are expected to pay at least \$1600 on the first day of school. Will you be prepared to pay it (circle one)? YES NO

If no, please explain:

What has your exposure been to Kingdom/Supernatural culture? (ie: books, podcasts, conferences)

How did you hear about Pukalani 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

Please explain why you want to attend PSSM and what your expectations are?

FIRST PERSONAL RECOMENDATION

Full Name: _____
Email Address: _____
Address: _____
City: _____
State: _____
Country: _____

SECOND PERSONAL RECOMENDATION

Full Name: _____
Email Address: _____
Address: _____
City: _____
State: _____
Country: _____

PASTORAL RECOMMENDATION

Full Name: _____

Email Address: _____
Address: _____
City: _____
State: _____
Country: _____

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 PSSM, we will require a \$200.00 deposit within 30 days of receiving your acceptance letter to confirm your decision to attend PSSM. This can be paid online or through our PSSM Admissions Department by calling (808) 495-0182.

BILLING INFORMATION

Name: _____
Address: _____
City: _____
State: _____
Country: _____

Billing Country (circle one):

- Outside of United States
- United States

AGREEMENT

I understand that any falsification of information on this application is grounds for dismissal at anytime.

I, _____, declare that the information provided by me on this application is true and correct to my knowledge. I authorize PSSM to verify any and all information provided above.

Signature: _____

Date: _____