



1777 Route 332, FARMINGTON, NY 14425
(585) 398-3627 VOICE
(585) 398-3250 FAX

(For Office Use Only)

Date rec'd _____ Fee _____

Ref. rec'd 1. _____ 2. _____ 3. _____

Student ID# _____

APPLICATION FOR ADMISSION

(Please type or print clearly)

FULL NAME: _____

ADDRESS (street and box no.): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

How did you hear about the College? (Please give a specific name): _____

For which semester are you applying? (Please specify dates- See enclosed catalogue schedule):

___ FALL SEMESTER (Date): _____

___ SPRING SEMESTER (Date): _____

Have you previously attended Calvary Chapel School of Ministry? _____ If so, what year? _____

Have you previously applied for admission to Calvary Chapel School of Ministry? _____ If so, explain:

Are you planning on attending school full time (at least 12 credits per semester)? _____

Is it your intention to complete the full four-semester program? _____

Personal Information:

Age: _____ Sex: _____ Occupation/Trade: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Note: If English is not your native language or if you have learning disabilities, special help is available at CCSM. Do you feel you may need this help? _____

Students not proficient in English must take the Test of English as a Foreign Language (TOEFEL).

Marital Status (Circle One): S M D W Name of Spouse: _____

Children? Please list names and ages: _____

Name of one parent or nearest living relative (or person to contact in case of emergency):

Name: _____ Phone: _____

Address: _____

Medical Information (Use a separate sheet of paper if necessary.)

Are you in good health? _____ When was your last complete physical examination? _____

Do you have any physical handicaps? _____

List any major illnesses you have had: _____

Do you have any communicable diseases? (Explain) _____

Have you been or are you presently under psychiatric for psychological care, or been in counseling or psychotherapy? (Explain) _____

Have you ever been hospitalized or admitted to a treatment facility for any reason? If so, where? (Explain) _____

General Information (Use a separate sheet of paper if necessary.)

Are you a current smoker? (If yes, explain) _____

Do you currently drink alcoholic beverages? (If yes, explain) _____

Have you ever or do you currently use any illegal drugs? (If yes, explain) _____

Have you ever been involved in any legal problems? (If yes, explain) _____

Do you have a personal history of violence or abuse towards others, or of sexual immorality? (If yes, explain) _____

Does your life currently conform to Biblical standards of morality? (If not, explain) _____

Is there any habitual sin in your life that affects your walk with God? (If yes, explain) _____

Are you currently involved in any problematic interpersonal relationships? (If yes, explain) _____

Have you ever been involved in any non-Christian cult or occult activities? (If yes, explain) _____

Education

What is your educational background from high school to present? (Please list all schools attended from high school to present. Give names of schools and dates attended.)

NAME OF INSTITUTION	YEARS ATTENDED	DEGREE/ DIPLOMA?	MAJOR/ MINOR	YEAR RECEIVED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Note: Please have your high school or college send us a copy of your latest school transcript. If high school only, please send a copy of your diploma or GED certificate.)

In light of the intensive program of study at CCSM (two or three hours of homework each day outside of class), describe how you would function under these circumstances: _____

References

Three references are required (forms are enclosed). If the required number of references do not respond, the application will not be considered. Please give the forms to those people who have known you for at least one year and well enough to respond adequately. We would like one from your pastor or another leader in your church you currently attend. References should not be from family members.

Personal Profile Sketch (Please use a separate sheet of paper.)

1. Please describe: a) Your personality, b) Your relationship with others.
2. Please list and describe: a) Your personal strengths and weaknesses b) Your spiritual gifts.
3. Please list your talents, hobbies and interests.

Spiritual Life Profile Sketch

(Please use a separate sheet of paper.)

1. Please describe in detail your testimony of how you became a Christian or your born-again experience.
2. Please describe your current church involvement.
3. Where do you attend church?
4. How often do you go to church?
5. How long have you been a part of this fellowship?
6. Please state the reasons why you desire to attend Calvary Chapel's School of Ministry, and how you see it enhancing your present spiritual life and future ministry plans.
7. How do you feel about serving God in our Servanthood Program?

Please list the three Christian preachers/teachers that have most influenced your life:

1. _____
2. _____
3. _____

Please list the three Christian books (other than the Bible) that have most influenced your life. (Please identify both title and author)

1. _____
2. _____
3. _____

Statement of Faith

On a separate sheet of paper, write a brief but concise statement of your belief regarding the following:

- | | |
|--------------------|-----------------------------------|
| 1. The Bible | 6. Salvation |
| 2. God | 7. Baptism with the Holy Spirit |
| 3. Jesus Christ | 8. Eschatology (End Times Events) |
| 4. The Holy Spirit | 9. The Rapture |
| 5. Sin | 10. Eternal Security |

Work-Study Program

In order to keep tuition costs to the lowest rate possible and to teach the student the principles of practical servanthood and ministry, each student is required to participate in the work-study program on the School of Ministry grounds for eight hours per week. (Hours are somewhat reduced for married students who bring their families.) In addition, students are periodically asked to serve in special capacities to minister to others.

Financial Responsibility

Full payment of tuition is due and payable during registration hours on the first day of school. Please see the current College catalog for the refund policy of the school.

Application Checklist

- _____ I have completely filled out the application in the manner requested.
- _____ I have given my reference forms to the necessary people.
- _____ I have enclosed a small photograph of myself for your records.
- _____ I have enclosed a copy of my high school diploma or GED certificate, and my high school or college transcripts.
- _____ I have signed and dated this application

(Mail all correspondence to the address at the top of this application. We will contact you after receiving and reviewing your application and all three reference letterforms.)

I hereby make application to Calvary Chapel School of Ministry. I understand my responsibility for punctual, regular class attendance and the fulfillment of all classroom assignments. I will cooperate in observing all regulations and upholding the standards of the College. In addition, I also understand that my tuition is due and payable during the registration hours on the first day of school, and that I am required to work a minimum of eight hours per week in the work-study program.

Signed: _____ **Date:** _____

Calvary Chapel School of Ministry does not discriminate on the basis of race, sex, ethnic background, native language, nationality or physical disability. CCSM is a ministry of Calvary Chapel of the Finger Lakes, and gives priority to members of Calvary Chapel for admission.