

**Dwelling Place School of Supernatural**

1<sup>st</sup> Year Application

VITAL INFORMATION

First Name:

Middle Name:

Last Name:

Email Address:

Phone Number:

School year 20      to 20

ABOUT YOU

Address:

City:

State:

Zip/Postal Code:

Country:

PERSONAL (Circle One)

Gender:      \*Male      \*Female

Marital Status      \*Single      \*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:



Are you a U.S. Citizen (circle one)?      YES      NO

If not a U.S. Citizen, please explain your level of understanding, reading and writing English:

SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior?

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 (circle one)? YES NO

Are you a member (circle one)? YES NO

How long have you been attending regularly there?

Home Church:

Pastor's Name:

Church Address:

Church Phone:

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

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

.  
State any Christian service you have done:  
  
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## HEALTH

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

## EDUCATION

Did you graduate from High School (circle one)? Yes      No  
Or get a GED 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 Birth Date:  
Spouse's Age:  
Children (names and ages):

## PARENTS

Father's Name:  
Living (circle one)?      YES      NO  
Phone:  
Mother's Name:  
Living (circle one)?      YES      NO  
Phone:

## EXPERIENCES

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

Have you used tobacco in the last six months (circle one)?      YES      NO

Have you drunk alcoholic beverages in the last six months (circle one)?      YES      NO

If yes, please explain:

Have you been involved with pornography in the last 12 months (circle one)? YES NO  
If so, when was the last time, and what have you been doing to remain pure in this area?

Have you been involved in homosexuality within the last 5 years (circle one)? YES NO  
If so, when was the last time? And please explain what God has done to restore you:

Have you ever been arrested (circle one)? YES NO  
If yes, when? Please provide a brief explanation:

Were you ever convicted (circle one)? YES NO  
If yes, when and where? 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:

Have you used illegal drugs in the last six months? If so, please explain:

**FINANCES**

Tuition is \$650.00 and you are expected to pay at least \$100.00 by the first day of school. Will you be prepared to pay it (circle one)? YES NO

If no, please explain:

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**DWPSOS**

Have you previously applied to BSSM or another school that uses their curriculum (circle one)? YES NO

Please list any books written by Bill Johnson or Kris Vallotton you have read:

How did you hear about DWPSOS?

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**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:

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**MORE INFORMATION**

Briefly explain why you want to attend Dwelling Place School of Supernatural:

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What are you really passionate about?

### FIRST PERSONAL RECOMMENDATION

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

### SECOND PERSONAL RECOMMENDATION

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

### PASTORAL RECOMMENDATION

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

### PAYMENT INFORMATION

\* The application fee is a non-refundable \$35.00. Please select your payment method.

Payment Method (circle one):

- CHECK
- CASH
- CREDIT CARD

\* Please Note: upon your acceptance to DWPSOS, we will require \$100.00 deposit before the first day of school to confirm your decision to attend DWPSOS. This can be paid online. If you would like to pay by check or cash call (210) 505-5331.

### BILLING INFORMATION

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Billing Country (circle one):

- Outside of USA
- USA

AGREEMENT: I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have answered the questions truthfully. I promise to read the Dwelling Place School of Supernatural Handbook of Policies when I am accepted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_