

All Nations School of Ministry

Application for Admission

Houston Worship Centre
713 East Airtex Dr., Houston, TX 77073
Phone: 281-821-2222
www.HoustonWorshipCentre.org

Attach
Photo
Here

Personal Information

(Please type or print all information)

Full legal name: ___Mr. ___Mrs. ___Ms. ___Miss _____

Preferred Name: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year

Place of Birth: City: _____ State: _____ Country: _____

Citizen of: ___USA ___Other (please specify country) _____

___ Permanent Resident/Green Card ___ U.S.A Visa Type: _____

Marital Status: ___Single ___Engaged ___Married ___Separated ___Divorced ___Remarried ___Widowed

Spouse Information:

Name: _____

Has your spouse accepted Jesus as Lord? ___Yes ___No

Has your spouse received the Baptism of the Holy Spirit? ___Yes ___No

Will your spouse be attending school with you? ___Yes ___No

Number of Children: _____ Names & Ages: _____

All Nations School of Ministry Application

Personal History

When did you receive Jesus as your personal Savior? _____

Have you lived consistently for Him since that time? ___ Yes ___ No If not, please explain and give date of

re-dedication: _____

Are you baptized in the Holy Spirit with the evidence of speaking in other tongues? __ Yes __ No Date: _____

Name of Church you attend: _____

Pastor's Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ E- Mail: _____

How long have you attended? _____

In what ways have you been involved in your church? _____

Do you: ___ Use tobacco products ___ Drink alcoholic beverages ___ Use illegal drugs (If yes, please explain)

Do you have a criminal record, or have you ever been accused, questioned, investigated, or arrested illegal activity?

If yes, please explain: _____

FINANCIAL INFORMATION

We are fully aware that God is able to supply all your needs. We are also aware that a person's ability and willingness to fulfill his financial responsibilities are very significant to successful involvement in Christian service. Please identify the means in which you intend to pay all expenses (tuition, food, housing etc...):

___ Own employment ___ Spouse Employment ___ Savings ___ Other (specify) _____

What is your present employment? _____

Will you be employed while attending school? ___ Yes ___ No If yes, ___ Full time ___ Part time

All Nations School of Ministry

Houston Worship Centre
713 East Airtex Dr., Houston, TX 77073
Phone: 281-821-2222 Fax: 281-443-1350

PERSONAL RECOMMENDATION

To the applicant: Please have a close individual (not a family member) mail or fax this form to the above address or fax.

This section should be completed by the applicant.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize the individual listed on this form to complete this recommendation and return it to **All Nations School of Ministry**. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this individual and **All Nations School of Ministry** from all claims, liabilities and damage that could arise from disclosure of information released by my signed authorization.

Signature: _____ Date: _____

An individual other than a family member should complete this section.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

What church do you attend: _____ Pastor's Name: _____

1. How long have you known the applicant? _____

2. How would you best describe your relationship? ___ Very Close ___ Close ___ Casual ___ Other

3. Do you believe the applicant has a personal relationship with Jesus Christ? ___ Yes ___ No

4. Do you believe the applicant possesses the necessary qualities to succeed at a School of Ministry? ___ Yes ___ No

If no, what qualities are they lacking? _____

5. How does the applicant influence the spirituality of others? ___ Favorably ___ Neutral ___ Negatively ___ Not Sure

6. Would you consider the applicant qualified for full-time ministry? ___ Yes ___ No

7. Have you ever known the applicant to engage in questionable moral conduct? ___ Yes ___ No

If yes, please explain: _____

8. Please describe the applicant's home life and or marriage: _____

9. Have you noted physical weakness or emotional problems that would hinder the applicant in an intense academic environment?

10. To your knowledge, does the applicant: ___ Use tobacco products ___ Drink alcoholic beverages ___ Use illegal drugs

Comments: _____

11. What do you consider are the applicant's strong points? _____

12. What do you consider are the applicant's weak points? _____

13. Please share with us any information you may have about the applicant that would help in our evaluation: _____

14. To your knowledge, has the applicant ever been accused, questioned, investigated, or arrested for child abuse, child neglect, or child molestation?

If yes, please explain: _____

15. To your knowledge, has the applicant ever been accused, questioned, investigated, or arrested for spousal abuse?

If yes, please explain: _____

16. From personal knowledge for the individual, would you:

- ___ Highly recommend
- ___ Recommend him/her as a qualified candidate for leadership training
- ___ Recommend him/her with slight reservations as a candidate for leadership training
- ___ Hesitate in recommending him/her for leadership training
- ___ Be unable to honestly recommend him/her as a qualified candidate for leadership training

If you checked any of the last three, please explain: _____

17. Please evaluate the applicant's character in the following areas:

	Excellent	Good	Fair	Poor	Unknown
Christian Life					
Attitude					
Cooperativeness					
Leadership Qualities					
Dependability					
Financial Responsibility					
Integrity / Morality					
Peer Relations					
Submission to Authority					
Personal Cleanliness					
Emotional Stability					

Signature: _____ Date: _____

Please mail this completed form to:
All Nations School of Ministry at Houston Worship Centre, 713 East Airtex Dr., Houston, TX 77073, or Fax: 281-443-1350

All Nations School of Ministry

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713 East Airtex Dr., Houston, TX 77073
Phone: 281-821-2222 Fax: 281-443-1350

PASTORAL RECOMMENDATION

To the applicant: Please have your senior pastor mail or fax this form to the above address or fax.

This section should be completed by the applicant.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize the individual listed on this form to complete this recommendation and return it to **All Nations School of Ministry**. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this individual and **All Nations School of Ministry** from all claims, liabilities and damage that could arise from disclosure of information released by my signed authorization.

Signature: _____ Date: _____

Your Senior Pastor should complete this section.

Name: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

1. How long have you known the applicant? _____

2. How would you best describe your relationship? ___ Very Close ___ Close ___ Casual ___ Other

3. Do you believe the applicant has a personal relationship with Jesus Christ? ___ Yes ___ No

4. Do you believe the applicant possesses the necessary qualities to succeed at a School of Ministry? ___ Yes ___ No

If no, what qualities are they lacking? _____

5. How does the applicant influence the spirituality of others? ___ Favorably ___ Neutral ___ Negatively ___ Not Sure

6. Would you consider the applicant qualified for full-time ministry? ___ Yes ___ No

7. Have you ever known the applicant to engage in questionable moral conduct? ___ Yes ___ No

If yes, please explain: _____

8. Please describe the applicant's home life and or marriage: _____

9. Have you noted physical weakness or emotional problems that would hinder the applicant in an intense academic environment?

10. To your knowledge, does the applicant: ___ Use tobacco products ___ Drink alcoholic beverages ___ Use illegal drugs

Comments: _____

11. What do you consider are the applicant's strong points? _____

12. What do you consider are the applicant's weak points? _____

13. Please share with us any information you may have about the applicant that would help in our evaluation: _____

14. To your knowledge, has the applicant ever been accused, questioned, investigated, or arrested for child abuse, child neglect, or child molestation?

If yes, please explain: _____

15. To your knowledge, has the applicant ever been accused, questioned, investigated, or arrested for spousal abuse?

If yes, please explain: _____

16. From personal knowledge for the individual, would you:

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17. Please evaluate the applicant's character in the following areas:

	Excellent	Good	Fair	Poor	Unknown
Christian Life					
Attitude					
Cooperativeness					
Leadership Qualities					
Dependability					
Financial Responsibility					
Integrity / Morality					
Peer Relations					
Submission to Authority					
Personal Cleanliness					
Emotional Stability					

Signature: _____ Date: _____

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All Nations School of Ministry at Houston Worship Centre, 713 East Airtex Dr., Houston, TX 77073, or Fax: 281-443-1350

All Nations School of Ministry

General Health Information

Give a brief statement of your health in general: _____

Have you been diagnosed with any medical or mental illness in the last 2 years? ___Yes ___No (If yes, please explain) _____

Are you presently taking prescriptions of any kind? ___Yes ___No (If yes, please explain) _____

Do you have any physical conditions, mental illness, weaknesses or chronic diseases that could interfere with your performance at All Nations School of Ministry? ___Yes ___No (If yes, please explain)

Contact information in the event of a medical emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I, the undersigned, do hereby state that from the date indicated below, I grant full permission to All Nations School of Ministry, or any related or consulting physician, to render or give emergency medical care or treatment that is deemed necessary. I also state that, should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I release All Nations School of Ministry of any financial liability pertaining to such medical treatment or hospitalization.

Signature: _____ Date: _____

All Nations School of Ministry

COMMITMENT OF INTEGRITY

All Nations School of Ministry is committed to helping you live a life of highest caliber with regard to reputation, respect, honesty, and moral integrity. It is the call of ministry to live a life of character and holiness before men and most of all before God. Let the following statements serve as your consecration to the Lordship of Jesus....

I commit to love the Lord with all my heart, my soul, and my mind. I will daily seek His face and His will for my life, demonstrating a passion for the lost.

I commit to grow in my spiritual pursuits by developing my personal relationship with the Lord Jesus Christ through Bible study, prayer, worship, and regular church attendance.

I commit to developing my whole person in spirit, soul, and body.

I commit to cultivating good relationships by a lifestyle of integrity and honesty.

I will promote a lifestyle that will positively influence my fellow classmates.

I commit to exercise good campus citizenship and stewardship, respecting the rights and properties of others.

I commit to take care of my financial obligations, including school tuition, housing, and other personal obligations in a responsible and timely manner.

I commit to live a life of purity and integrity. To this end, I will keep myself from any illegal, immoral or unethical acts. I will not physically or verbally abuse any person or thing. I pledge to seek holiness in regard to reading material, music, movies, social life, and entertainment according to the standards set forth in I Corinthians 10:30; II Corinthians 6:12 – 7:1, and Ephesians 5:1-12.

I will commit to consecrate myself to God's will for my life and to live a life of service while attending **All Nations School of Ministry**.

I commit to be punctual and to attend all required classes held by **All Nations School of Ministry** and to faithfully attend my local church.

I commit to abide by the rules and regulations of **All Nations School of Ministry** which may from time to time be altered or changed by the leadership. I understand that **All Nations School of Ministry** reserves the right to require the withdrawal of any student if, in the judgment of the Director of **All Nations School of Ministry**, the conduct of the student is deemed to violate the school's ideals of scholarship or its spiritual or moral atmosphere.

The signing of the Commitment of Integrity acknowledges that I have read and agree to the above criteria for admittance into **All Nations School of Ministry**. Any violation of this commitment is grounds for dismissal by **All Nations School of Ministry**.

Signature: _____ Date: _____

All Nations School of Ministry

APPLICATION CHECKLIST

All applicants are accepted into All Nations School of Ministry unless otherwise notified by letter. Acceptance letters are only given upon request.

All applicants must submit the following to complete the application process:

- Completed Application
- Application fee of \$25.00 plus \$100 deposit for tuition to be included with application (checks made payable to Houston Worship Centre)
- Photo (passport size) attached to application
- Personal Testimony
- Pastoral Recommendation Form (submitted directly from them)
- Personal Recommendation Form (submitted directly from them)

Application fee and all documents should be submitted to:

**All Nations School of Ministry
Houston Worship Centre
713 East Airtex Dr.
Houston, TX 77073
USA**

Note: Please make a copy of all materials you are sending in. Keep this for your records and so that you can refer to your testimony and Commitment of Integrity.