

Student Application

This is the first portion of a two part application form. Upon completing this form, please email this along with DApp-1B to dschool@epicentrechurch.org.

PERSONAL INFORMATION			
Full legal name (as it appears on your passport):			
	Last	First	Middle
Current Address:			
Cell Phone Number:		Alternative Number:	
Email Address:			Birthday (MM/DD/YYYY):
Marital Status			
	Single		Is yes, who?
	Engaged		Fiancé(e)'s name
		Date of your wedding?	Fiancé(e)'s D.O.B.
	Married		Spouse's name
			Spouse's D.O.B.
	Separated	Date of separation:	
	Divorced	Number of divorces & date(s) of divorce:	
	Widow/er	Date of spouse's death:	
Children's name(s) and birthdate(s): (Separate by commas)		If you're expecting a child, please provide the due date: (MM/DD/YYYY)	
Citizenship & Passport			
What country are you a citizen of?			
(Passports need to be renewed, when expiration date is less than 6 months from outreach date.)			
Education			
Highest level of Education by the beginning date of School:			
What major/degrees do you have?			
Work			
Where do you work currently? And what is your role there?			

Financial Information		
Please fill in all your monthly financial obligations as well as any debts you have.		
Utilities, Rent, Insurance	Other Monthly Payments	Debt (credit card, car, student loans, etc)
Total:	Total:	Total:
Do you have financial responsibilities of caring for your parents?		If so, what are the responsibilities?
Do you tithe (10%) regularly? If not, why?		
Will you be able to pay for the full school tuition? If not, do you think you could pay via a payment plan?		

Preferences			
Books:	For Kindle Users: Amazon account email:		
Do you have Facebook?	If yes, how often do you check it?		
Check all methods you wish to be reached by us. Also list any time restrictions to the methods of communication below.			
<input type="checkbox"/>	Email	<input type="checkbox"/>	Text
<input type="checkbox"/>		<input type="checkbox"/>	Cell (call and text)

Christian Experience		
Age you became Christian:	Date you were baptized:	Date you joined Epicentre:
Please answer the following questions in the gray box below.		
<ol style="list-style-type: none"> 1. Briefly describe your conversion experience. 2. What is your religious or denomination background? 3. Have you ever been involved in the occult, new age practices, or a cult (Mormons, Jehovah’s Witness, etc)? If so, explain. 4. What are your views and understanding of the baptism of the Spirit and gifts of the Holy Spirit? 		

Have you read through the entire bible?	Have you read Passion & Purpose by Jimmy Seibert?
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(Each student should read "Passion & Purpose" by the first day of class. The book will be provided by the school.)

Describe what your daily time with God looks like, if any.

MINISTRY INTEREST

Lifegroup you are currently involved in:

My lifegroup/section leaders are:

Please check the one that most closely describes your ministry interest when you finish the school:

I am interested in growing my ministry in the marketplace.

I am interested in leading an international church plant. (If so, which country?)

I am interested in full-time US church planting.

I am interested in being a church plant team member. (If so, country/location?)

I am interested in serving among the poor.

I am interested in serving at church. (If so, what areas?)

Other:

Please answer the following questions in the gray box below.

1. What ministry are you currently involved in right now?
2. Where are your spiritual gifts (as you best know)?
3. In what countries have you done mission work in the past? Please describe (a) when you went, (b) where you went, and (c) what you did there and (d) with what church or organization.
4. Have you taken any mission trips with Epicentre? When? Where? Who were your leaders?

SELF AWARENESS

Please check the areas you struggle with the most:

Comparison	Insecurity/Low Self-Worth	Materialism
Envy/Jealousy	Pride	Coarse Joking
Anger	Unforgiveness	Greed
Anxiety	Lust (Masturbation, Pornography)	Fear
Rebellion	Depression	Self-Justification
Lying	Hatred	Control
Co-dependency	Gluttony	Manipulation
Idolatry	Passivity	
Others:		

SHORT ANSWERS

We are interested in hearing more about your journey with Christ, specifically in the ways you feel called to follow and serve Him. In order to help you process your destiny, please respond to each of the following questions in the gray box below.

1. How would you explain your understanding of the call of God or His destiny for your life? If you are not sure, where are you in the process of discerning that?
2. What kind of ministry fruit from your current or past ministry have you seen?
3. As you best understand it, what type of ministry (e.g., marketplace, teaching, inner city, pastorate, overseas missions, etc.) do you sense a calling to? Please explain why.

4. What is your vision of your ministry (as you best understand it)?
5. If you're married, how do you see your spouse (and children) partnering in your destiny?
6. If you feel called to church planting, what geographical location or people group is most on your heart?
7. How has your "call" made you change your lifestyle as you prepare yourself to serve Him more fully and practically, or what changes are you considering?

CONFIDENTIAL MEDICAL AND PSYCHOLOGY QUESTIONNAIRE

Please answer yes or no to the following questions. If you wish to elaborate on your answer, please use the gray box below and indicate which question you're referring to. *Example: (Q4) I have seasonal allergies...*

	1. Will you have medical insurance during the Discipleship School? (We do not provide medical coverage for students.)
	2. Are you currently taking any medication or are you under a doctor's care? If so, indicate reason, medication, purpose, and any limitations it may cause.
	3. Do you have any handicaps or health conditions that require special care? Please explain.
	4. Do you have any chronic illnesses or allergies? If so, what are they?
	5. Have you used any narcotics, hallucinogens or drugs not prescribed by a physician in the past five years? If so, what kind and when?
	6. Do you now drink alcoholic beverages? If so, how frequently?
	7. Do you now use tobacco products? If so, how frequently?
	8. Have you been treated for a drug or alcohol problem in the last five years? If yes, please explain.
	9. For the duration of the Discipleship School, we may ask that you refrain completely from the use of tobacco products and alcohol consumption. Would you comply with this request?
	10. How often do you tend to experience strong anxiety? Please explain.
	11. Have you had any prolonged problems with depression or mood swings in the past five years? If so, please explain.

Please answer yes or no to the following questions. If you wish to elaborate on your answer, please use the gray box below and indicate which question you're referring to. *Example: (Q4) I have seasonal allergies...*

	12. Have you struggled with an eating disorder (anorexia, bulimia, or overeating) in the past five years? If so, please explain the nature of the problem, extent, when you began having difficulty, and any other specifics that may help us to understand your particular situation.
	13. Do you struggle with gambling? If yes, please explain.
	14. Have you seen a professional counselor in the past five years for any reason other than career or premarital counseling? If yes, when? For what purpose? Was it helpful?
	15. Have you ever been physically or sexually abused, or raped? If yes, please tell us when these events occurred:
	Have you seen a professional counselor about these events? If yes, was it helpful?
	16. Have you ever been convicted of a crime or felony? If yes, please explain.

I authorize you to make such inquiries into my personal employment, finances, medical history, or other related matters as may be necessary in arriving at an acceptance decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

By submission of this application to dschool@epicentrechurch.org and by typing my name below, I hereby agree to the above terms and conditions of this form and verify that the above information is true and correct to the best of my knowledge and belief.

Name:		Date (MM/DD/YYYY):	
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