

# PIHOP School of Ministry

## Application

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I'm applying for this program:

### Choose

- Day Track (9am-12noon)
- Night Track (7-10pm + 10pm-12midnight on select days)
  
- I'd like to add the Mentoring Program (day or night + afternoons)

### Personal Information

Please attach or send photo via email to [school@pihop.com](mailto:school@pihop.com). Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Marital Status

- Single
- Married
- Divorced
- Separated

If married, will your spouse be attending school?

- Yes
- No

How did you hear about PIHOP School of Ministry? \_\_\_\_\_

What do you hope to get out of PIHOP School of Ministry? \_\_\_\_\_

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### Spiritual Journey

Are you a Christian?

- Yes
- No

If yes, when did you accept Christ? \_\_\_\_\_

Describe your relationship with God: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What church do you currently attend? \_\_\_\_\_

For How long? \_\_\_\_\_

How often?

- Weekly
- 2-3 times/month
- Monthly
- Other

Senior Pastor's Name: \_\_\_\_\_

Have you recently left another church?

- Yes
- No

When? \_\_\_\_\_

Are you actively serving/volunteering in ministry?

- Yes
- No

Describe your involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Family

Please complete applicable information.

Parents' Names: \_\_\_\_\_

Parents' Phone Numbers: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_

Children (names and ages): \_\_\_\_\_

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### Education

List all schools attended starting from high school.

School Name, City, State: \_\_\_\_\_

Year Graduated/Degree/Major: \_\_\_\_\_

School Name, City, State: \_\_\_\_\_

Year Graduated/Degree/Major: \_\_\_\_\_

School Name, City, State: \_\_\_\_\_

Year Graduated/Degree/Major: \_\_\_\_\_

### Employment

Please list all work experience.

1. Employer/Job Title/ # of Years Worked: \_\_\_\_\_

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2. Employer/Job Title/ # of Years Worked: \_\_\_\_\_

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3. Employer/Job Title/ # of Years Worked: \_\_\_\_\_

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4. Employer/Job Title/ # of Years Worked: \_\_\_\_\_

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What type of Christian service have you done? \_\_\_\_\_

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### Personal History

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

Have you used tobacco in the last six months?

- Yes
- No

Have you drunk alcoholic beverages in the last six months?

- Yes
- No

If yes, please explain: \_\_\_\_\_

Have you been involved with pornography in the last 12 months?

- Yes
- No

If so, when was the last time, and what are you doing to remain pure in this area? \_\_\_\_\_

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Have you been involved in homosexuality within the last 5 years?

- Yes
- No

If so, when was the last time? And please explain what God has done to restore you: \_\_\_\_\_

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Have you been sexually active in the last year?

- Yes
- No

Please explain: \_\_\_\_\_

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Have you ever been arrested?

- Yes
- No

If yes, when? Please provide a brief explanation: \_\_\_\_\_

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Were you ever convicted?

- Yes
- No

If yes, when and where? Please provide a brief explanation: \_\_\_\_\_

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Have you ever been involved in the occult, witchcraft, or cults?

- Yes
- No

If yes, please provide a brief explanation: \_\_\_\_\_

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Have you used illegal drugs in the last year?

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Personal Recommendation

(No family or relatives please)

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Pastoral Recommendation

(No family or relatives please)

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Please also submit completed pastoral and personal recommendation forms.

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#### Payment Information

The non-refundable application fee is \$35. (We accept credit card & check payments)

If accepted, a \$200 deposit is due within 14 days of receiving your acceptance notice.

I certify that the responses given on this application are true and accurate. I understand that any falsification of the information on this application is grounds for dismissal.

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

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

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

#### Choose method to submit application:

- 1) Email completed application form to [school@pihop.com](mailto:school@pihop.com).  
(debit/credit charge may be processed via phone)
- 2) Mail to: PIHOP School of Ministry, 1401 N Lake Avenue, Pasadena, CA 91104
- 3) Deposit application in the offering box at the PIHOP prayer room.

Please make checks payable to: PIHOP

Questions? Contact [school@pihop.com](mailto:school@pihop.com)