



# School of *Transformation*

## 1<sup>st</sup> Year Application

(Attach a small photo of yourself here)

### PHOTO OF YOU

We ask that you be transparent and open in your filling out of the following very personal questions. There is a price to pay up front in humility that we can later reap rewards in trust and preparations to help create an environment where everyone can thrive.

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

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

Phone Number: \_\_\_\_\_ Home Cell

May we share the above information with other students in the school? YES NO

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

May we share the above information with other students in the school? YES NO

Circle communication methods we may use to contact you:

-Phone- -Text Msg- - Email- -Facebook-

Gender: - MALE- -FEMALE- Date of Birth: \_\_\_\_\_

Marital Status: -SINGLE- -MARRIED- date \_\_\_\_\_

-DIVORCED- year \_\_\_\_\_ -WIDOWED- year \_\_\_\_\_

If married, will your spouse be attending school? YES NO

Is your spouse, &/or children, in agreement with your attending this school? YES NO

**Spiritual Information**

Briefly share your testimony/spiritual journey, including your present walk with the Lord  
(You may continue on back of page if more space is needed.)

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Do you attend a church or fellowship regularly?      YES      NO

How long have you been attending regularly there? \_\_\_\_\_

Home Church: \_\_\_\_\_

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

City of Church: \_\_\_\_\_ Church Phone/Email: \_\_\_\_\_

Church Website (if available): \_\_\_\_\_

Have you recently left another church?      YES      NO

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

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Please list any other ministry or Christian service involvement, including what your role is and how long you have been there:

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**Health**

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

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**Family**

Name of Spouse, if married: \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

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

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**Education**

Did you graduate from High School?    YES                  NO

        or get a GED or equivalent?    YES                  NO

Did you attend college/university?    YES                  NO

What was your major? \_\_\_\_\_

Graduated from college/university?    YES                  NO

Year or date graduated: \_\_\_\_\_

**Employment**

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

City: \_\_\_\_\_                      Phone: \_\_\_\_\_

**Experiences**

Have you ever been involved in the occult, witchcraft, or cults?      YES      NO

If yes, please provide a brief explanation:

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Please state any current lifestyle choices, issues, or addictions you feel we should be aware of, and what you are doing to become free in these areas:

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Have you ever been arrested?      YES      NO

If you have been arrested, 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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**More Information**

How did you hear about the School of Transformation?

Why do you want to attend the School of Transformation?

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What do you want God to do in your life?

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What expectations/anticipations do you have for School?

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Briefly tell us what you are really passionate about:

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AGREEMENT: All information in this application is true to the best of my knowledge. I understand that any falsification of information on this application may be grounds for dismissal.

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