



VERMONT SCHOOL OF SUPERNATURAL MINISTRY

1st Year Application 2017-2018

VITAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

ABOUT YOU

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

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: _____

Birthplace: _____

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:

Refer a Friend? Who were you referred by? _____

(see tuition info. on website)

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: _____

City: _____

State: _____ Zip Code: _____

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:

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.

Do you drink alcoholic beverages? If so how often?(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? 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:

Where 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

please provide a brief explanation:

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

EMPLOYMENT

Occupation: _____

Present Employer: _____

Address: _____

Phone: _____

*Your employer may be contacted.

FINANCES

Tuition \$950 per person and for couple the tuition is \$1425.

Students are expected to pay at least \$250 by August 15th, 2017 .

Will you be prepared to pay it (circle one)? YES NO

If no, please explain:

VSSM

Have you previously applied to VSSM (circle one)? YES NO

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

How did you hear about VSSM?

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:

MORE INFORMATION

Briefly explain why you want to attend Vermont School of Supernatural Ministry:

What are you really passionate about?

FIRST PERSONAL RECOMMENDATION

Full Name: _____

Email Address _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

SECOND PERSONAL RECOMMENDATION

Full Name: _____

Email Address _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

PASTORAL RECOMMENDATION

Full Name: _____

Email Address _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

PAYMENT INFORMATION

*The application fee is a non-refundable \$50. Please select your payment method.

Payment Method (circle one):

- CHECK
- CASH
- CREDIT CARD

*****Application fee must accompany application*****

Please Note: Upon your acceptance to VSSM, we will require a \$250.00 deposit by August 15th, 2017. This can be paid through our VSSM Admissions Department by mailing checks to:

PO Box 324

Richmond, VT 05477

BILLING INFORMATION

Name: _____

Address: _____

City: _____

State: _____

AGREEMENT: I understand that any falsification of information on this application is grounds for dismissal at any time. I also understand that tuition for school must be paid to graduate.

Signature: _____ Date: _____