



**VERMONT SCHOOL OF  
SUPERNATURAL  
MINISTRY**  
3rd Year Application 2018-2019

**VITAL INFORMATION**

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

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

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

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

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

**ABOUT YOU**

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

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

State: \_\_\_\_\_ Zip 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:

**Refer a Friend?** Who were you referred by? \_\_\_\_\_

(see tuition info. on website)

**\*\*If you are attending same church as last year you do not have to fill out church information section.**

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?

**\*\*If you have same employer as last year you can go to next section.**

## **EMPLOYMENT**

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

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

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

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

\*Your employer may be contacted.

## FINANCES

Tuition \$950. per person and for couple the tuition is \$1650. Students are expected to pay at least \$250 by August 25th, 2018.

(2017-2018 class may only last about half a year, if so tuition rates will change)

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

If no, please explain:

## PAYMENT INFORMATION

\*The application fee is a non-refundable \$25 (for 2<sup>nd</sup> & 3<sup>rd</sup> year only)

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

Please select your payment method. Payment Method (circle one):

- CHECK
- CASH
- CREDIT CARD

\*Please Note: Upon your acceptance to VSSM, we will require a \$250.00 deposit by August 25th, 2018. 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: \_\_\_\_\_ Zip Code \_\_\_\_\_

**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: \_\_\_\_\_