

PHOTO OF YOU

(attach a 2x2" photo of yourself here)

Dare To Believe School of Transformation
2011-2012 School Year Application

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

SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior?

Have you been baptized in the Holy Spirit and filled with 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 and filled with 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.

Have you used tobacco in the last six months (circle one)? YES NO

Have you drunken alcoholic beverages in the last six months (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?

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:

Were 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

If yes, 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 is \$1,300 and you are expected to pay at least \$500 by the first day of school. Will you be prepared to pay it (circle one)? YES NO If no, please explain:

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

How did you hear about DTB-SOT?

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 Dare To Believe School of Transformation:

What are you really passionate about?

FIRST PERSONAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip Code: _____

SECOND PERSONAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip Code: _____

PASTORAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip Code: _____

PAYMENT INFORMATION *The application fee is a non-refundable \$35. Please select your payment method. Payment Method (circle one): CHECK CASH PAYPAL

*Please Note: Upon your acceptance to DTB-SOT, we will require a \$100.00 deposit within 30 days of receiving your acceptance letter to confirm your decision to attend DTB-SOT. This can be paid online or mailed to Dare To Believe SOT, PO Box 1173, Burnsville, MN 55337

AGREEMENT: I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read the Dare To Believe School of Transformation Policies (or all the information/policies pertaining to DTB-SOT found on <http://www.dare2believe.biz>.) I accept them, and agree to abide by them while a student of Dare To Believe School of Transformation.

Signature: _____ Date: _____