CSSM1 Application

## Convergence School of Supernatural Ministry

First Year Application

## Photo

Attach a 2x2” photo of yourself here:

## Basic Information

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

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

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

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

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

## About You

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

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

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

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

Gender: • Male • Female

## Education

Have you graduated from High School? Yes / No

Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended College/University? Yes / No

Please give details (including area of study, years attended & graduation date if applicable)

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Have you attended any other ministry schools or programs? Yes / No

If yes, please explain

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What is your highest level of education?

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What was your main field of study?

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What industry area do you have the most experience in?

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How many years experience do you have in this area?

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## Employment

Are you currently employed? Yes / No

Occupation

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Current Employer

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Can we contact your employer? Yes / No

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| --- | --- |
| Employer Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Country | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State/Province | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Finances

For USA Citizens:

We highly encourage students to pay their tuition in full by September 1st. If you are unable to do so there is an installment plan you can apply for. Please refer to the summary of fees for more information.

Will be able to pay your tuition in full be September 1st? Yes / No

If no, please explain

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How do you plan to pay for your school fees and living expenses?

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## Family

Current Marital Status

◻︎ Married

◻︎ Single

◻︎ Divorced

◻︎ Widowed

What is your spouse's name?

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Is your spouse attending CSSM? Yes / No

Is your spouse in full agreement with your decision to attend CSSM? Yes / No

If No, Please explain:

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If you’re not married, are you in a relationship? Yes / No

If yes, are you living together? If yes, please explain

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Have ever been separated and/or divorced? Yes / No

Please provide an explanation of each marriage and separation and/or divorce.

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For any dependent children, what is your plan for their care during CSSM hours?

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Do you have a child, sibling or parent who is also attending CSSM at the same time? Yes / No

Family Member(s) FULL Name

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## Health

Do you have any illnesses we should be aware of?

Please list and describe them.

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Do you have any physical, emotional or mental limitations you might experience while attending CSSM?

Please list them

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## Revivalist Lifestyle

"A revivalist is a believer who is focused and passionate, willing to pay any price to live in community, purity and power."

We are asking you to "pay the price" of transparency and trust as you answer the following very personal questions. We don’t mean to highlight sin, as we know believers are forgiven and are new creations in Christ, but it is helpful for you to seriously consider our expectations in order to know if you will thrive at CSSM.

The freedom of the CSSM environment demands a high level of self-control and it works best when this sort of self-management is already being demonstrated before you come as we are not a recovery or a discipleship school. If you are still trying to figure out your commitment to Christ or to personal holiness and wholeness, we are not the school for you. If this is the case, God has a different assignment for you at this stage of your life.

Please read the following excerpt concerning our expectations to determine if you should continue in your application to CSSM.

Revivalist Lifestyle

A revivalist is a believer who is focused and passionate, willing to pay any price to live in community, purity, and power.

If you are in agreement with our expectations, then continue to fill out the application below. We have found that honest answers to these questions are mutually helpful in deciding if CSSM is a fit for you at this time; and leads to a more effective application interview. Having had setbacks or struggles in these areas does not automatically disqualify you from being accepted as a student.

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

◻︎ I verify I have read and agree to follow the Revivalist Lifestyle Guidelines during my time at CSSM.

Have you used tobacco within the last 12 months?

Please explain

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Have you consumed alcoholic beverages within the last 12 months?

Please explain

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Have you used illegal drugs within the last 24 months?

Please explain

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

How often and how recently?

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If yes, please explain where you are in your process of pursuing freedom.

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Have you been sexually active in the last 2 years? Singles (with anyone) marrieds (with anyone other than your spouse). We define sexually active as including intercourse, oral sex, foreplay and sexting.

Please explain

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Have you struggled with homosexual behavior or same sex attraction in the last 5 years?

Please explain where you are in your process with this.

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Have you exhibited any self-destructive behavior or habitual problems with the last 5 years? (i.e. eating disorder, cutting, compulsive lying, etc.)

Please explain

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Have you ever been arrested?

If yes, please provide a brief explanation of when and why.

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

Please explain

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## Spiritual History

When did you accept Christ as your personal Savior?

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Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4?

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If yes, how do you know you were baptized in the Spirit?

Please tell us about this

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Do you have a home church?

Are you a member? Yes / No

Are you directly connected to your pastor at your home church?

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| --- | --- |
| Home Church | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pastor’s Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Church Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Church Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Church Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Church City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Church Country | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State (county/province) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you attend church regularly? Yes / No

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

In what capacity are you currently serving your local church?

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If you do not currently serve in your local church, please tell us about this.

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Have you recently left another church? Yes / No

Was it a good parting or are there unresolved issues?

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Please give a brief description of any Christian service you’ve done (i.e. ministry experience, volunteer work, etc.)

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Please give a brief description of your Christian journey (i.e. how you came to know the Lord; your present walk with the Lord).

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## CSSM & You

How did you hear about CSSM?

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Briefly explain why you want to attend CSSM.

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What are you passionate about?

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What is your greatest strength?

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What do you hope to do with the things you learn at CSSM?

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Have you read any books by Bill Johnson or Kris Vallotton?

Please list them

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Have you been exposed to any other teaching material (i.e. audio or video teaching, conferences, etc.) from a leader at Bethel Church?

Please list them

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Have you previously applied to CSSM? Yes / No

Please explain

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If yes, were you previously accepted or denied? Yes / No

If yes, for what school year did you previously applied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify all of the above information is honest and accurate

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

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

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