

# BASIC 2 SCHOOL

# Student Application

Facilitated Video School-Prayer Counseling Ministry Training

Circle ALL that apply:	Mr.	Mrs.	Ms.	Miss	Pastor	Widow	Single Parent	Non U.S. Citizen	
Name							Spouse		
Address							Home Phone		
City							Work Phone		
State							Fax		
Zip							Email		
Church							Occupation	Age	

**1. Which of the following Elijah House books have you read?**

- Healing Womens Emotions*
- Restoring the Christian Family*
- God's Power to Change*
- Transforming the Inner Man*
- Choosing Forgiveness*
- Other books on inner healing and transformation you have read:
- Healing Victims of Sexual Abuse*
- Why Good People Mess up*
- Growing Pains*
- Letting Go of Your Past*
- Deliverance and Inner Healing*

**2. When and where did you graduate from Basic 1 Prayer Ministry School? (Please include a copy of your Elijah House Basic 1 certificate of completion)**

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**3. What other prayer ministries have you been involved with?** \_\_\_\_\_

**4. How long have you been a Christian?**      Yrs \_\_\_\_\_      Date of Salvation \_\_\_\_\_

**5. Please give a *brief* account of when and how you became a Christian.**

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**6. How are you presently serving the Lord?**

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**7. What is your primary reason for attending this Basic 2 School?**

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**8. Are you receiving prayer ministry or counseling at this time? If so, explain briefly.**

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**9. Have you or are you presently taking medication for any symptoms underlined in the statement below? If so, explain briefly.**

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Because we are dealing with the hearts of people, the school can, at times, be very intense. Personal responses to teaching and small group interaction may include, but are certainly not limited to, some of the following: *expression of anger, prejudices, resentments, apprehension, anxiety, insomnia, depression, dissociation* etc. Because of time restraints, all of your personal life issues will not be dealt with during the course of the school. This is a lifelong process. However, we do give you the tools to pursue further healing, and you may want to pursue further ministry once the school is complete. If you feel there are already significant life issues that need to be addressed, ministry or counseling prior to your enrollment in the school is advisable and always beneficial. If you have been seeing a counselor, we ask that you discuss the school with them and receive their approval.

Counselor Name (if applicable):	Phone:		
Address:	City:	State:	Zip:

I understand that my signature testifies that all information provided is true, that I accept the terms of enrollment, and will provide sufficient funds in a timely manner for my participation in this Basic 2 school.

Having accepted the school enrollment information and requirements outlined online, I respectfully submit my application. I agree to respectfully abide by the determination of the Freedom House facilitator as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House and Freedom House and their staff and volunteers harmless for any of my personal responses to the teachings and small group ministry times during the school. I also agree to indemnify and hold Elijah House and Freedom House harmless for any costs in time, travel, accommodations, or other incidentals, should the school be canceled, my acceptance be delayed, or I am asked to discontinue the course to seek ministry before continuing at another time.

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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SPOUSE'S SIGNATURE *Spouse's Signature is required regardless of whether or not he/she is attending* \_\_\_\_\_ DATE \_\_\_\_\_

**NONDISCRIMINATORY POLICY CONCERNING FREEDOM HOUSE MINISTRY** *Freedom House Ministries Inc. admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools. Freedom House Ministries Inc. does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarships, loan programs, or any other administered school program.*

**BASIC 2 STUDENT SCHOOL COSTS**

School Cost	Single Students	Married Couples
Elijah House Tuition .....	85.00	170.00
Course Notebook .....	50.00	100.00
Facilitator Fee .....	180.00	320.00
<b>Total School Cost .....</b>	<b>315.00</b>	<b>590.00</b>

**Required Course Books** *Check the ones you need:*

<i>Healing Victims Of Sexual Abuse</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<i>Why Good People Mess Up</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<b>Required Books Cost .....</b>	<b>24.00</b>		<input type="text"/>



YOUR TOTAL

**Optional Books** *Check the ones you want:*

<i>Life Transformed</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<i>Awakening The Slumbering Spirit</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<i>Healing For Women's Emotions</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Elijah Task</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<i>Choosing Forgiveness</i> .....	12.00	<input type="checkbox"/>	<input type="checkbox"/>
<i>Burnout: Renewal In The Wilderness</i> .....	9.00	<input type="checkbox"/>	<input type="checkbox"/>
<b>Optional Books Cost .....</b>	<b>69.00</b>		<input type="text"/>

YOUR TOTAL

**Make Checks Payable to:**

Freedom House Ministries  
 c/o The Andersens  
 3217 S. Scoville Ave.  
 Berwyn, IL 60402

Mail all paperwork(application, references, cost sheet)with payment(a minimum down payment of \$200 for a single or a minimum of \$400 for a couple, balance due first day of school).

_____	School Cost
_____	Required Books Cost
_____	Optional Books Cost
_____	Shipping/Handling (single \$15/couple \$20)
_____	Late fee of \$20 <i>(for applications submitted after August 15th)</i>
_____	<b>Total School Cost</b>

# Pastor Reference

CONFIDENTIAL — FOR BASIC 2 FACILITATOR USE ONLY

Student Applicant \_\_\_\_\_ is applying to attend an Elijah House Facilitated Basic 2 School at Freedom House Ministry. We would appreciate your candid assessment of this individual's character qualities and spiritual gifting. Your comments are important. Please return this character reference directly to the student in a sealed envelope.

1. How long have you known the applicant? \_\_\_\_\_ Years

2. In what areas has the applicant served in your church? Are they a member?  Yes  No

Present:

Past:

2. How would you evaluate the applicant in the following areas? (Circle number: 5 = strongest to 1 = weakest)

	HIGH	MEDIUM	LOW	DON'T KNOW		
Humility	5	4	3	2	1	<input type="checkbox"/>
Mournful over sin	5	4	3	2	1	<input type="checkbox"/>
Gentle and Meek	5	4	3	2	1	<input type="checkbox"/>
Seeks to do things God's way	5	4	3	2	1	<input type="checkbox"/>
Merciful	5	4	3	2	1	<input type="checkbox"/>
Pure in heart	5	4	3	2	1	<input type="checkbox"/>
Peacemaker	5	4	3	2	1	<input type="checkbox"/>
Self-controlled	5	4	3	2	1	<input type="checkbox"/>
Heart for the lost	5	4	3	2	1	<input type="checkbox"/>
Cares for others	5	4	3	2	1	<input type="checkbox"/>
Integrity	5	4	3	2	1	<input type="checkbox"/>
Overall Spiritual Maturity	5	4	3	2	1	<input type="checkbox"/>

4. What areas in the applicant's life do you feel need development?

5. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest:

How would you rate the applicant's working relationship to people who are *in* authority over them? \_\_\_\_\_

How would you rate the applicant's working relationship to people who are *under* their authority? \_\_\_\_\_

6. Would you send someone "in need" to this person for ministry?  Yes  No (If not, please explain why on the back of this sheet.)

7. Do you recommend them to attend this Basic 2 facilitated school?  I recommend  I recommend with this reservation  I do not recommend

SIGNATURE

PHONE

DATE

PRINT NAME

POSITION

CHURCH/MINISTRY

CITY, STATE ,ZIP

(Please return to applicant in a sealed envelope.)

# Student Character Reference

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Student Applicant \_\_\_\_\_ is applying to attend an Elijah House Facilitated Basic 2 School at Freedom House Ministry. We would appreciate your candid assessment of this individual's character qualities and spiritual gifting. Your comments are important. Please return this character reference directly to the student in a sealed envelope.

1. What is your relationship with the applicant? \_\_\_\_\_ Length of relationship \_\_\_\_\_ Years

2. How would you evaluate the applicant in the following areas? (Circle number: 5 = strongest to 1 = weakest)

	HIGH	MEDIUM	LOW	DON'T KNOW		
Humility	5	4	3	2	1	<input type="checkbox"/>
Mournful over sin	5	4	3	2	1	<input type="checkbox"/>
Gentle and Meek	5	4	3	2	1	<input type="checkbox"/>
Seeks to do things God's way	5	4	3	2	1	<input type="checkbox"/>
Merciful	5	4	3	2	1	<input type="checkbox"/>
Pure in heart	5	4	3	2	1	<input type="checkbox"/>
Peacemaker	5	4	3	2	1	<input type="checkbox"/>
Self-controlled	5	4	3	2	1	<input type="checkbox"/>
Heart for the lost	5	4	3	2	1	<input type="checkbox"/>
Cares for others	5	4	3	2	1	<input type="checkbox"/>
Integrity	5	4	3	2	1	<input type="checkbox"/>
Overall Spiritual Maturity	5	4	3	2	1	<input type="checkbox"/>

3. What areas in the applicant's life do you feel need development?

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4. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest:

How would you rate the applicant's working relationship to people who are *in* authority over them? \_\_\_\_\_

How would you rate the applicant's working relationship to people who are *under* their authority? \_\_\_\_\_

SIGNATURE

PHONE

DATE

PRINT NAME

RELATIONSHIP TO THE APPLICANT

CHURCH/MINISTRY

CITY, STATE, ZIP

(Please return to applicant in a sealed envelope.)