

PROPHETIC 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?

- Elijah Task*
- Purifying the Prophetic*
- The Renewal of the Mind*
- Healing the Nations*
- Understanding Prophetic People*
- Other books on inner healing and transformation you have read:
- God's Power to Change* (first half of *Healing the Wounded Spirit*)
- Transforming the Inner Man* (first half of *Transforming the Inner Man*)
- Letting Go of Your Past* (second half of *The Transformation of the Inner Man*)
- Growing Pains* (second half of *The Healing the Wounded Spirit*)
- Elijah Among Us*

2. What other prophetic ministries have you been interested in?

3. How long have you been a Christian?

Yrs

Date of Salvation

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

5. How are you presently serving the Lord?

6. What is your primary reason for attending this school?

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

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

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 Prophetic 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.

APPLICANT'S SIGNATURE _____ DATE _____

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.*

PROPHETIC STUDENT SCHOOL COSTS

School Cost	Single Students	Married Couples
Elijah House Tuition	50.00	100.00
Course Notebook	35.00	70.00
Shipping + Handling	5.00	10.00
Facilitator Fee	160.00	300.00
1 Dinner Fee	10.00	20.00
Total School Cost	260.00	570.00

Please return this order to your facilitator along with your payment. Or, mail as instructed below.

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 \$20 for a single or a minimum of \$400 for a couple, balance due first day of school).

_____ School Cost

_____ Shipping/Handling (single \$15/couple \$20)

_____ Late fee of \$20 *(for applications submitted after 8-1-2009)*

_____ **Total School Cost**

Pastor Reference

CONFIDENTIAL — FOR PROPHETIC SCHOOL FACILITATOR USE ONLY

Student Applicant _____ is applying to attend an Elijah House Facilitated Basic 1 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 1 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

CONFIDENTIAL — FOR PROPHETIC SCHOOL FACILITATOR USE ONLY

Student Applicant _____ is applying to attend an Elijah House Facilitated Basic 1 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?

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.)