

ALLPEOPLES CHURCH

School of Transformation

2017-2018 Application
DAY AND NIGHT SCHOOLS

Instructions

Please answer all questions completely and legibly. Use the application form and attach additional sheets to the end of the application as necessary.

This application may take you a few hours to complete.

Tuition is \$2500 for the day school, \$1950 for the night school.

Be sure to give your three references ample time to complete their sheets by the deadline. Employer/Teacher reference must be someone who is or has been in direct authority over you in a recent work/school environment. You must provide each of your references with a stamped envelope addressed to:

**All Peoples Church
Attn: School of Transformation
6161 El Cajon Blvd #925, San Diego, CA 92115**

Applicants within San Diego may return completed applications directly to the All Peoples Church offices at the above address.

The School of Transformation will be conducting interviews on a rolling basis in the order that applications are received. Late applications may be considered, though we reserve the right to deny any late applicants on the basis of lateness alone.

Interviews will be conducted at our offices. The interview duration is usually approximately 30 minutes. Applicants from out of town may be asked to interview via video chat on 'Skype'.

Completed applications must contain the following items:

- Application form with photo attached (2" x 2" clearly showing your face)
- Physical/psychological questionnaire and morals questionnaire
- **“Why I Want to Attend School of Transformation” (see attached instructions for this 1 page essay), including your reason for applying for either day or night school.**

An applicant will not be admitted without a complete application.

PLEASE READ THIS BEFORE CONTINUING APPLICATION

We are so excited that you are interested in the School of Transformation at All Peoples Church and we look forward to talking to you more about being a part of the school. We recognize that this application is very thorough. By filling out this application honestly and completely you are helping us identify strengths and weaknesses in your life. This will allow us to get to know you better as we pray about you admission into the School of Transformation next year and, if admitted, this will help as we strive to develop these areas for the glory of God.

All the information given in this application is confidential and will only be read by the All Peoples staff directly involved in the interview process.

With information on your personal background, education, and finances we will be able to ascertain a better understanding of your current situation in life and more about your personal history. College degrees, previous employment, and other training is certainly not a requirement to be in our school and admittance is not granted on the basis of a student's resume. We ask these questions simply to get to know you better.

Your moral and medical history will not alone preclude you from admittance to the school. Our goal in obtaining this information is to learn how to best shepherd you through this process and your potential time in the School of Transformation.

Our desire is to admit students who are in a place in life where the school will be helpful to them in becoming all that God has for them. We pray about and consider the admission of all applicants to the School of Transformation.

Your application will be kept on file in case you are ever to accept a full-time ministry position within All Peoples Church or hold a staff role in future church plants and ministry ventures.

All Peoples Church

School of Transformation

Vision

And we all, with unveiled face, beholding the glory of the Lord, are being transformed into the same image from one degree of glory to another. For this comes from the Lord who is the Spirit.

2 Corinthians 3:18

The All Peoples School of Transformation exists to facilitate encounters with God that create lifelong personal transformation.

We believe in the transformation of people because we know that transformed people end up having transformed families. Those families then transform cities, which eventually transform nations.

The Core Values/Vision of All Peoples School of Transformation is the same as that of All Peoples Church:

Get Rocked

Through times of worship, prayer, and impartation we desire to cultivate an environment where students can encounter God and grow in the gifts that He has for them.

Get Real

Our students will deepen in their study and application of the Bible, God's Word. Through personal study and group discussions, we will learn how to develop authentic relationships and let the Bible be our source of truth.

Give it Away

Through weekly evangelism, a domestic ministry trip, and an international outreach, students will learn how to share their faith, empower other believers, and create church planting movements that transform society.

All Peoples Church

School of Transformation

I am applying to the:

_____ Day School (Mon.-Wed. 8:30am-12:30pm & Thur. 10am-12pm)

_____ Night School (Tues. 6pm-10pm & 2nd Sat./month 9am-5pm)

PERSONAL INFORMATION

Full legal name: _____ Preferred name: _____

Birth date: ____/____/____ Age: ____ Gender: _____ Skype Name: _____

Current Address: _____ City/State/Zip: _____

Phone: _____ E-Mail: _____

Marital Status *(fill out all that apply)*

Single

Are you currently dating anyone? **Yes/No** If so, who? _____

Engaged

Fiancé(e)'s name: _____ Birth date: ____/____/____

Will your fiancé(e) be applying for the school? **Yes/No** Date of Wedding: ____/____/____

Married

Spouse's name: _____ Birth date: ____/____/____

Will your spouse be applying for the school? **Yes/No** Anniversary: ____/____/____

Separated

Date of separation: ____/____/____

Divorced

Number of divorces: _____ Date(s) of divorce(s): ____/____/____; ____/____/____

Widow/er

Date of spouse's death: ____/____/____

Children: Name(s) and Birth date(s):

_____ / ____/____

_____ / ____/____

_____ / ____/____

If you are expecting a child, please give the due date: ____/____/____

Citizen of which country: _____

Do you have a passport? **Yes/No** Expiration Date: ____/____/____

An applicant must submit a passport application to attend the School of Transformation.

Highest level of education on beginning date of school:

____ Have not finished high school

____ High School diploma or GED

____ Some college

Classification?

____ Technical school degree

What Major? _____

____ Bachelor's Degree

What Major? _____

____ Master's Degree

Degree: _____

____ PhD or professional degree

Degree: _____

____ Other ministry training school

School name: _____

Have you previously applied to this school? **Yes/No** If yes, were you accepted? **Yes/No**

If you were accepted, but did not attend, please explain:

If you were not accepted, why (to the best of your knowledge)?

Have you applied to any other Antioch movement training schools in the past 5 years? **Yes/ No**

If so, were you accepted? **Yes/ No**

If you were accepted, did you attend? **Yes/ No**

If you answered "No" to either of the preceding two questions, tell us why.

FINANCIAL INFORMATION

Tuition for Day School of Transformation is \$2,500 per person.

Tuition for the Night School of Transformation is \$1,950 per person.

*A deposit of \$250 per person is due (upon your acceptance); the remaining amount **must be paid in full on the first day of the school.** An additional estimated cost for the outreach trip is \$2,500-\$4,000 and must be paid in full before you can go on the trip. As a general rule, students raise support for their overseas outreach.*

*Funds received for you tuition costs (from you or others) are *not* tax deductible.

Please fill in all of your major monthly financial obligations as well as any debts that you have. Use a separate sheet if necessary.

Basic Monthly Expenses	\$
Rent	
Utilities	
Car Insurance	
Telephone & Internet	
Medical Insurance	
Other	
Total	

Total Debt	\$ (total balance)
Name of Charge Card 1	
Name of Charge Card 2	
Name of Charge Card 3	
Student Loans	
Other	
Other	
Total Debt Obligation	

Basic Monthly Expenses	\$
Name of Charge Card 1	
Name of Charge Card 2	
Name of Charge Card 3	
Student Loans	
Mortgage	
Car Payment	
Other	
Total	

School of Transformation is a ministry training school and not accredited by the US Department of Education. If you have any student loans, you must begin paying them six months from the time you stop attending college full-time.

If you have student loans, who will pay for these while you attend the school?

Do you tithe (10%) regularly to the local church? **Yes/ No**

Do you regularly give offerings over and above a tithe? **Yes/ No**

Note: Students attending the School of Transformation are expected to work 15-30 hours weekly in order to provide for themselves while in the school.

Do you currently have a job that will provide for the flexibility School of Transformation requires? **Yes/ No**

If no, what kind of jobs will you search for as we move towards the first day of the school?

JOB AGREEMENT

I, _____, understand that a 15-30 hours a week job is a requirement to attend All Peoples School of Transformation.

For those not currently employed:

(Initial)_____ I do not currently have a part-time job, but commit to spending time each week prior to the school year in order to hunt and interview for jobs.

(Initial)_____ I understand that if I do not have part-time work by the beginning of the school year I may not be admitted to the 2016/2017 School of Transformation.

(Initial)_____ I understand that it is my responsibility to ask for time-off for required events pertaining to my studies in the School of Transformation.

For those currently employed

(Initial)_____ I understand that it is my responsibility to ask for time-off for required events pertaining to my studies in the School of Transformation.

A note regarding job scheduling:

The School of Transformation staff will be diligent and clear about required dates and events during which students will not be able to work. Because of the demanding schedule during your year in the School of Transformation, we recommend selecting a job that allows flexibility and provides students an emotional ‘break’ from their course work.

Signature: _____ Date: ____/____/____

FAMILY BACKGROUND

List any siblings you have and their ages:

Are your parents Christians? (Not a requirement to be in the school) **Yes/ No**

Are they currently involved in a church? (Not a requirement to be in the school) **Yes/ No**

Describe the health of your current relationship with you parents? How do they feel about School of Transformation?

Briefly describe your family background:

CHRISTIAN EXPERIENCE

At what age did you accept Christ and become born again? _____

Briefly describe how you began your relationship with Jesus:

What is your religious or denominational background? _____

Current Church membership: _____ When did you become a member? ____ / ____ / ____

If you do not attend All Peoples Church, how did you hear about this school?

Have you ever been involved in the occult, new age practices, or a cult (Mormons, Jehovah's Witness, etc.)? **Yes/ No**

If so, explain:

Have you been water baptized? **Yes/ No**

Do you believe in the Holy Trinity?

(God is one "being" with three distinct personalities: Father, Son, and Holy Spirit) **Yes/ No**

If you were to summarize how a person comes to know God and is accepted into Heaven, what would you say?

What are your views on the Holy Spirit, the baptism of the Holy Spirit, and the gifts of the Holy Spirit?

In your previous religious experience, were you ever in an environment that in retrospect was guilt-driven or legalistic? **Yes/ No**

If yes, how does this affect your daily Christian walk today?

MINISTRY INTEREST

Check the one that describes you **current** leadership responsibilities:

- I have never been involved in leading cell groups.
- I am not currently in LifeGroup leadership. The last position I held was _____.
- I attend a LifeGroup. Leader(s): _____
- I am a LifeGroup Intern. Leader(s): _____
- I am a LifeGroup leader. Co-leader(s): _____
- I am a Section leader. Co-leader(s): _____

Please check the one that most closely describes your long-term ministry interest:

- I am interested in being a church plant team member....which country? _____
- I am interested in working in the marketplace.....what profession? _____
- I am interested in leading a church plant.....which country? _____
- I am interested in cell ministry.....which church? _____
- Other Please explain: _____

Have you ever been on a mission trip? (Not a requirement to be in the school) **Yes/ No**

If yes....

Trip 1 (start with most recent)

Trip Date ___/___/___ Trip location _____ Sponsoring Group _____

Name(s) of Leader(s) _____ Role on the trip _____

Specific Trip Activities

Trip 2

Trip Date ___/___/___ Trip location _____ Sponsoring Group _____

Name(s) of Leader(s) _____ Role on the trip _____

Specific Trip Activities

Trip 3

Trip Date ___/___/___ Trip location _____ Sponsoring Group _____

Name(s) of Leader(s) _____ Role on the trip _____

Specific Trip Activities

Trip 4

Trip Date ___/___/___ Trip location _____ Sponsoring Group _____

Name(s) of Leader(s) _____ Role on the trip _____

Specific Trip Activities

Trip 5

Trip Date ___/___/___ Trip location _____ Sponsoring Group _____

Name(s) of Leader(s) _____ Role on the trip _____

Specific Trip Activities

CONFIDENTIAL MEDICAL AND PSYCHOLOGICAL QUESTIONNAIRE

**We recognize that a person's past can be a very tender subject due to the painful experiences that many have had. On the following questionnaires please be extremely honest in order for us to assess how we can most effectively help you.*

A past or present problem in an area does not necessarily exclude you from the school. The information that you share with us will be treated confidentially and will be seen only by those directly involved in your application decision.

Name: _____

How many days were you absent from work (or school) due to illness in the last year? _____

Will you have medical insurance during School of Transformation? **Yes/ No**
(Not a requirement to be in the school) (APC does not offer medical coverage for students/trips.)

Are you currently taking any medication or under a doctor's care? **Yes/ No**
If so, indicate medication, purpose and any limitations it may cause:

Do you have any handicaps or health conditions that require special care? **Yes/ No**

If so, please explain: _____

Do you have any chronic illnesses or allergies? **Yes/ No**

If so, what are they: _____

Have you ever had a period of illness that doctors had difficulty diagnosing? **Yes/ No**

If so, please explain: _____

Have you used narcotics, hallucinogens or drugs not prescribed by a physician in the past 5 years? **Yes/ No**

If so, what kind and when? _____

Do you now drink alcoholic beverages? **Yes/ No** If so, how frequently? _____

Do you now use tobacco products? **Yes/ No** If so, how frequently? _____

What are your thoughts in general on consuming alcohol and tobacco products?

Are you willing and open to submitting your tobacco/alcohol use to the Holy Spirit and community if a change in your consumption level is required to be in our school? **Yes/ No**

Have you been treated for a drug or alcohol problem in the past 5 years? **Yes/ No**

If yes, please explain: _____

Have you ever experienced physical symptoms of anxiety including panic attacks, shortness of breath, unexplainable migraine headaches? **Yes/ No**

If yes, please explain: _____

Have you ever experienced suicidal thoughts or engaged in self-mutilation (cutting, scratching, etc...)? **Yes/ No**

If yes, please explain: _____

Have you ever been diagnosed with a learning disability? **Yes/ No**

If yes, what modifications were made to your coursework?

Issue	Rarely or never (less than once a year)	Once a month or less	Several days a month	More than half of the days of the month	Nearly every day
1. Little interest or pleasure in doing things					
2. Feeling down, depressed, or hopeless					
3. Trouble falling or staying asleep or oversleeping					
4. Feeling tired or having poor energy					
5. Poor appetite or overeating					
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down					
7. Thoughts that you would be better off dead or of hurting yourself or others in some way					
8. Unresolved anger					

If you experience any of these problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ____ Somewhat difficult ____ Very difficult ____ Extremely difficult ____

Please place an "X" in the blanks below if you have...

____ had prolonged times of depression or mood swings in the past 5 years.

____ struggled with an eating disorder (anorexia, bulimia, or overeating) in the past 5 years.

____ seen a professional counselor for any issue other than career or premarital counseling in the past 5 years.

____ consulted a physician/psychiatrist/psychologist concerning a mental or emotional condition in the past 5 years.

____ ever been abused spiritually/sexually/emotionally/physically or been the victim of a rape.

____ ever been the perpetrator of any kind of abuse or rape.

____ had an episode of rebellion in your life within the past 5 years (defiance of authority figures, not open to any accountability, defiance of rules or laws, illegal activities, etc.).

____ ever been convicted of a crime or felony (other than minor parking/traffic violations).

Please explain any 'yes' answers in the space below. Please share more about the nature of the problem and any issues surrounding it. (Attach additional pages if necessary.)

Have you ever seen a professional counselor regarding any of the events described above?
Yes/ No

If yes, was it helpful? How? _____

If no, are you open to counseling being a requirement for your admission to School of Transformation?
Yes/ No

CONFIDENTIAL MORALS QUESTIONNAIRE

**We recognize that you are on a journey of transformation. On the following questionnaire please be extremely honest in order for us to assess how we can most effectively help you. A past or present problem in an area does not necessarily exclude you from the school. The information that you share with us will be treated confidentially and will be seen only by those directly involved in your application decision. This portion of the application will only be read the training school director and by staff members of your gender.*

What are your convictions regarding premarital and extra-marital physical involvement? (e.g. physical boundaries and sexual involvement)

Have you set guidelines for yourself in the physical area to ensure minimal temptation? **Yes/ No**

If so, what are they? _____

Have you had a relationship in the past two years with a member of the opposite sex that would be considered morally compromising? (i.e., heavy kissing, fondling, sexual intercourse, extra-marital involvement, etc.) **Yes/ No**

If yes, when was the last occurrence of this kind? (Month/Year) ____/____

What was the extent of the physical involvement? (Please be specific)

If your answer to the previous yes/no question was “Yes”, please answer the corresponding questions A or B according to marital status.

A. **Singles:** Have you dated other men/women since the last occurrence? **Yes/ No**

If so, what has your physical relationship been like with them? _____

B. **Married:** How has this affected your relationship with your spouse?

Please explain any current struggles with sexual temptation, masturbation, fantasy, pornography, difficulty applying your guidelines/convictions, etc.

Female: Have you ever had an unmarried pregnancy or abortion? **Yes/ No**

Male: Have you ever been responsible for an unmarried pregnancy or abortion? **Yes/ No**

If so, when? (Month/Year) ____/ ____

Explain the circumstances: _____

Have you ever had any type of homosexual experiences? **Yes/ No**

If so, when was the last occurrence of involvement? (Month/ Year) ____/ ____

What was the extent of physical involvement? (Please be specific)

How does this affect your current same gender relationships?

Self Awareness: Please circle the 3 areas you struggle with most:

- | | | |
|-----------------------|--------------------|---------------------|
| Comparison | Self Justification | Lust/Pornography |
| Insecurity/Self Worth | Control | Masturbation |
| Materialism | Manipulation | Depression |
| Envy/Jealousy | Coarse Joking | Hatred |
| Anger | Lying | Gluttony |
| Anxiety | Codependence | Passivity |
| Rebellion | Idolatry | Same-sex Attraction |
| Greed | Pride | Other _____ |
| Fear | Unforgiveness | |

Do you have any additional comments or clarification about anything on this questionnaire?

ONE PAGE ESSAY

On a separate sheet of paper, please explain why you want to do School of Transformation next year, and include your reasoning for applying to either the day school or the night school.

Essays should be no more than one page, single-spaced, and typed.

*Note: Applications will not be accepted without completion of essay.

Pastor/LifeGroup Leader Reference

(a person in direct authority over you in a ministry/spiritual environment)

I, _____, have applied to be a student in All Peoples Church
_____ (Day or Night) School of Transformation (SOT).

I have referenced you to SOT for information concerning my character and fitness for this school. The SOT staff would appreciate your honest, straightforward answers, evaluating both my assets and liabilities. SOT's standards are high because of the special demands of this school and the positions of spiritual leadership in which people are placed. Thus, the school needs accurate information about me in a variety of areas in order to make a fair appraisal of my qualifications. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence and that I will not see this form after you complete it.

Reference Name: _____ **Phone:** _____ - _____ - _____

How long have you known the applicant? _____

In what relationship? _____

How well would you say you know the applicant? (Circle one)

Very Well Well Average Not Very Well Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the discipleship school has been significantly influenced by:
 - a. A desire to escape personal, family or vocational situations? **Yes/ No**
 - b. An unrealistic appraisal of what is involved in Christian service? **Yes/ No**

If yes, please explain: _____

2. Does the applicant have the ability to make decisions and follow through on them? **Yes/ No**

If no, please explain: _____

3. How does the applicant respond to authority?

4. Can the applicant take responsibility and demonstrate leadership? Give examples:

5. Comment on the applicant's:

Sensitivity to the needs, feelings and attitudes of others:

Ability to work with others:

6. What is the applicant's attitude toward other groups, races or nationalities?

7. To your knowledge, how does the applicant respond under difficult circumstances?

8. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. **Yes/ No**

9. To your knowledge, has the applicant ever used narcotics, hallucinogens or drugs not prescribed by a physician? If yes, please explain on another page. **Yes/ No**

10. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? If yes, please explain on another page. **Yes/ No**

11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. **Yes/ No**

12. What outstanding abilities or talents does the applicant have?

13. What degree of confidence do you have for this applicant in:

(A) Pastoral Ministry

(B) Leadership

1	2	3	4	5	1	2	3	4	5
lowest				highest	lowest				highest

Please Comment: _____

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness:

15. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

Signature: _____ Date: ____/____/____

Occupation: _____

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All Peoples Church
Attn: School of Transformation
6161 El Cajon Blvd #925, San Diego, CA 92115

Employer or Teacher Reference

Dear Employer or Teacher,

I, _____, am applying to be part of a Christian Bible and Discipleship School next fall. I am applying for the _____ (Day or Night) program. The school is part of All Peoples Church, which is the non-denominational Christian church that I attend. The staff of the school would appreciate your honest, straightforward answers evaluating both my assets and liabilities. The standards are high because of the demands of the school and the positions of spiritual leadership in which people are placed. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence and that I will not see this form after you complete it.

Reference Name: _____ **Phone:** _____ - _____ - _____

Applicant's School/Place of Employment: _____

How long have you known the applicant? _____

In what relationship? _____

How well would you say you know the applicant? (Check one)

Casual relationship Work together daily Close, professional relationship

Friendship outside of work or school Long-term family friend or personal friendship

1. Does the applicant show up on time to work or school? **Yes/ No**

If no, please explain: _____

2. Does the applicant have the ability to make decisions and follow through on them? **Yes/ No**

If no, please explain: _____

3. How does the applicant respond to authority? _____

4. Can the applicant take responsibility and demonstrate leadership? Give examples:

5. Comment on the applicant's:

Sensitivity to the needs, feelings and attitudes of others:

Ability to work with others:

6. To your knowledge, how does the applicant respond under difficult circumstances?

7. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. **Yes/ No**

8. To your knowledge, does the applicant have any issue with drug or alcohol abuse? **Yes/ No**

9. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? If yes, please explain on another page. **Yes/ No**

10. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. **Yes/ No**

11. What outstanding abilities or talents does the applicant have?

12. Is there anything else our church should consider before placing this applicant in a position of spiritual leadership?

Signature: _____ Date: ____/____/____

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Friend Reference

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Reference Name: _____ **Phone:** _____ - _____ - _____

How long have you known the applicant? _____

In what relationship? _____

How well would you say you know the applicant? (Circle one)

Very Well Well Average Not Very Well Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the discipleship school has been significantly influenced by:
 - a. A desire to escape personal, family or vocational situations? **Yes/ No**
 - b. An unrealistic appraisal of what is involved in Christian service? **Yes/ No**

If yes, please explain: _____

2. Does the applicant have the ability to make decisions and follow through on them? **Yes/ No**

If no, please explain: _____

3. How does the applicant respond to authority?

4. Can the applicant take responsibility and demonstrate leadership? Give examples.

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Sensitivity to the needs, feelings and attitudes of others:

Ability to work with others:

6. What is the applicant's attitude toward other groups, races or nationalities?

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9. To your knowledge, does the applicant have any issue with drug or alcohol abuse? If yes, please explain on another page. **Yes/ No**

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11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. **Yes/ No**

12. What outstanding abilities or talents does the applicant have?

13. What degree of confidence do you have for this applicant in:

(A) Pastoral Ministry

(B) Leadership

1	2	3	4	5	1	2	3	4	5
lowest				highest	lowest				highest

Please Comment: _____

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness:

15. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

Signature: _____ Date: ____/____/____

Occupation: _____

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