

# Application Form

- MSSM First Year
- MSSM Second Year
- Life School
- MOW School of Worship
- IRIS School
- Other



Mountain Of Worship | Schools Of Ministry

P.O. Box 807 | Tolland, CT 06084

Phone: 860-858-5052

www.themountain.org

## IMPORTANT INFORMATION

First Name

Middle Name

Last Name

Tel Day

Address

Tel Evening

City

State

Zip Code

E-mail:

## PERSONAL INFORMATION

### MARITAL STATUS

- Single
- Married
- Divorced
- Widowed

If married, will your spouse be attending school?

- Yes
- No

### GENDER

- Male
- Female

## SPIRITUAL INFORMATION

When did you accept Jesus Christ as your Savior ?

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

- Yes
- No

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

Do you attend church regularly?  Yes  No

Are you a member of a church?  Yes  No

Home Church

Pastor's Name

Address

City

State

Zip Code

Church Ph

Have you recently left another Church?

- Yes
- No

If yes, was it good parting or was there unresolved issues?

**State Christian service you have done.**

**FAMILY**

Spouse's Name

Child's Name

Father's Name

Child's Name

Mother's Name

Child's Name

**STATEMENT OF PURPOSE**

**Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord .)**

**MORE INFORMATION**

**Briefly explain why you want to attend MOWSOM**

**What are you really passionate about?**

**Please return application with \$35 registration fee to: P.O. Box 807 | Tolland, CT 06084 | Phone: 860-858-5052**

Signed By \_\_\_\_\_

Date \_\_\_\_\_