

# FSM Application Form

A \$75 application fee and recent photograph due at the time of processing.

Semester of Attendance:  Fall Term  Summer Term  Spring Term Year 20\_\_\_\_\_

## I. General Information:

Legal Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Myspace.com/ \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you hear about The Forerunner School of Ministry? \_\_\_\_\_

When did you accept Christ? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had an Acts 2:4 experience? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you regularly attend church? \_\_\_\_\_ If yes, how long? \_\_\_\_\_ Mths. \_\_\_\_\_ Yrs.

Where do you regularly attend? \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Areas of Involvement: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Saved: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Saved: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_

If yes, DL Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a current Passport? \_\_\_\_\_

If yes, Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## II. Education:

1. High School Name: \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Point Average: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Special Honors or Awards: \_\_\_\_\_  
\_\_\_\_\_

2. College Name: \_\_\_\_\_  
Current Level: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Point Average: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Special Honors or Awards: \_\_\_\_\_  
\_\_\_\_\_

3. Other Institution: \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Point Average: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Special Honors or Awards: \_\_\_\_\_  
\_\_\_\_\_

## III. Employment History (Please list the most recent employer first)

1. Company Name: \_\_\_\_\_ Manager: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Manager: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. *Company Name:* \_\_\_\_\_ *Manager:* \_\_\_\_\_  
*Daytime Phone:* (\_\_\_\_) \_\_\_\_\_ *Position:* \_\_\_\_\_  
*Dates Employed:* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Reason for leaving:* \_\_\_\_\_

**IV. Health**

1. *Do you have any physical handicap, disability, or medical conditions which might affect your ability to fully function as a student?* \_\_\_\_\_  
 2. *Do have any chronic illnesses or allergies?* \_\_\_\_\_  
 3. *Are you presently taking medication prescribed by a doctor or under medical care?* \_\_\_\_\_  
 4. *Have you previously been prescribed by a doctor any medications for prior illnesses?* \_\_\_\_\_  
*If you answered yes to any of the questions above, please explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 5. *Do you hold current Health Insurance?* \_\_\_\_\_  
*If yes, what is your Health Insurance Company's Name?* \_\_\_\_\_  
*Policy Number:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Emergency Contact's Name:* \_\_\_\_\_ *Living:* \_\_\_\_\_ *Saved:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_  
*Home Phone:* (\_\_\_\_) \_\_\_\_\_ *Cell Phone:* (\_\_\_\_) \_\_\_\_\_

**VI. Self Evaluation – Ministry Profile**

1. *On a scale of 1 to 10 (10 being the highest), please evaluate your personal strengths and weaknesses:*

_____ <i>Relating to new people</i>	_____ <i>Establishing relationships</i>	_____ <i>Cultural sensitivity</i>
_____ <i>Maintaining friendships</i>	_____ <i>Problem solving</i>	_____ <i>Flexibility</i>
_____ <i>Sense of humor</i>	_____ <i>Confronting</i>	_____ <i>Listening to authority</i>
_____ <i>Leadership</i>	_____ <i>Encouragement</i>	_____ <i>Submitting to authority</i>
_____ <i>Ability to finish tasks</i>	_____ <i>Conversations with leaders</i>	_____ <i>Being an example</i>

2. *Describe your relationship with your family:* \_\_\_\_\_  
 \_\_\_\_\_  
 3. *Describe your best friend:* \_\_\_\_\_  
 \_\_\_\_\_  
 4. *What tends to upset you the most?* \_\_\_\_\_  
 \_\_\_\_\_  
 5. *How many books did you read in the last year, other than the Bible?* \_\_\_\_\_  
 6. *What is the title of the last book you read?* \_\_\_\_\_

7. How many hours of TV& Videos do you watch each week? \_\_\_\_\_

8. List any extracurricular activities, hobbies, or interests you have: \_\_\_\_\_  
\_\_\_\_\_

9. What are your three favorite movies?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

10. Are you currently in a dating relationship? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

11. Do you realize that Forerunners are not allowed to date for their first 6 months? \_\_\_\_\_

**VIII. Personal History - (Please answer the following questions carefully and truthfully. Information given will be handled confidentially and will not necessarily deny admission to FSM)**

1. Have you ever been involved in the use of alcohol or drugs? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please explain: \_\_\_\_\_

2. Have you ever been involved in any occult or cult? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please explain: \_\_\_\_\_

3. Have you ever been arrested for committing a crime? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please explain the charge and how the situation resulted: \_\_\_\_\_

How long ago did this occur? \_\_\_\_\_

4. Have you ever struggled with issues of homosexuality/lesbianism? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

5. Have you ever struggled with an eating disorder? \_\_\_\_\_

If yes, how long and when was the most occurrence? \_\_\_\_\_

Please explain: \_\_\_\_\_

6. Have you ever been molested or abused? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please explain: \_\_\_\_\_

**IX. Character Evaluation**

1. Why do you want to join The Forerunner School of Ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you willing to travel, stay up late, work hard, and stay focused for God? \_\_\_\_\_

3. What, within the following areas, do you feel you need to grow in?

As a Christian: \_\_\_\_\_

As a leader: \_\_\_\_\_

As a student: \_\_\_\_\_

In relationships with others: \_\_\_\_\_

In personal areas: \_\_\_\_\_

4. Are you willing to be accountable in all areas of your life? \_\_\_\_\_

5. What area of ministry would you describe as your gifting? \_\_\_\_\_

6. What talents do you excel in as a minister? \_\_\_\_\_

7. What are some of your personal characteristics that you feel will help you in ministry? \_\_\_\_\_

\_\_\_\_\_

8. What are your visions for God? \_\_\_\_\_

\_\_\_\_\_

9. Do you enjoy pouring into others? \_\_\_\_\_

10. Do you spend time with Jesus daily? \_\_\_\_\_

11. Are you willing to obey all rules and come under authority? \_\_\_\_\_

12. What is your definition of 'servant'? \_\_\_\_\_

\_\_\_\_\_

13. Name some qualities that you should find in a spiritual leader: \_\_\_\_\_

14. What are three of your greatest strengths? Why do you consider these strengths?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

15. What are three of your weaknesses? Why do you consider these weaknesses?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**X. Short Essay – (Please answer the following questions briefly, submit on separate pages, TYPED and answered to the best of your knowledge.)**

1. Tell how and when you became a Christian, and share about your personal growth in Christ.
2. Explain how and why you feel God is calling you to be a part of The Forerunner School of Ministry. Be sure to include how you believe attending FSM can help you achieve your goals.

Programs of Interest:

Ministry Track:

- Youth Ministry
- Evangelism
- Worship Ministry
- Media Ministry
- Children's Ministry
- Pastoral Ministry

**Please use the following Check list to ensure accuracy for proper processing. All information given will remain property of The Forerunner School of Ministry.**

Check List:

- Application Fee – Checks made payable to: Mercy Seat Ministries, Inc.
- Photograph - within the past 6 months of the present date (will not be returned)
- Completed application
- References: (may be mailed or faxed separately by pastor, educator and personal)
  - Pastoral Reference
  - Educator Reference
  - Personal Reference
- Short Essays – typed
- Complete High School Transcript
- Post-secondary School Transcript (if attended)

Please return to the following address:

Mercy Seat Ministries, Inc. & The Forerunner School of Ministry  
c/o Admissions Dept.  
P.O. Box 1150  
Trussville, AL 35173

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## **X. Background Information Consent Form**

I, \_\_\_\_\_, hereby authorize Mercy Seat Ministries, Inc. & The Forerunner School of Ministry and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of continuing the information contained of my application and/or obtaining other information which may be of material to my qualifications for acceptance and, if applicable, during the period of my time with them.

I release Mercy Seat Ministries, Inc. & The Forerunner School of Ministry and/or its agents and any person or entity, which provides information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full name Printed: \_\_\_\_\_

Maiden Name or other names used: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Former Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Signature of Consent: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

**The above information is required for identification purposes only, and is in no manner used as qualifications for internship. Mercy Seat Ministries, Inc. & the Forerunner School of Ministry is an equal opportunity school and does not discriminate on the basis of sex, race, religion, age, handicap, or national origin.**

# Minister's Reference

## To be completed by Applicant:

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Date you wish to attend FSM?  Fall  Spring  Summer Year \_\_\_\_\_

---

## To be completed by the Minister:

This reference form, when completed should be returned directly to the Director of Admissions:  
FSM, P.O. Box 1150, Trussville, AL 35173 or by fax: 205-655-2468.

How long have you known the applicant? \_\_\_\_\_

To what extent do you know the applicant?  Personal Relationship  Somewhat Close  Indirect  Direct  
To your knowledge, does the applicant presently use:

Drugs?  No  Yes Tobacco?  No  Yes Alcohol?  No  Yes

Please check the following:

	Excellent	Good	Fair	Poor	Not Known
Church Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend the applicant as a candidate for The Forerunner School?  Yes  No  Hesitantly

1. Please comment on the applicant's faith:

---

---

---

---

2. Please comment on the applicant's home life/ social interaction:

---

---

---

---

3. Please comment on any concerns which might affect the applicant from making satisfactory progress as a student:

---

---

---

---

4. If applicable, please comment on your hesitations on recommending this applicant.

---

---

---

---

May we contact you for further discussion, if needed? \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_