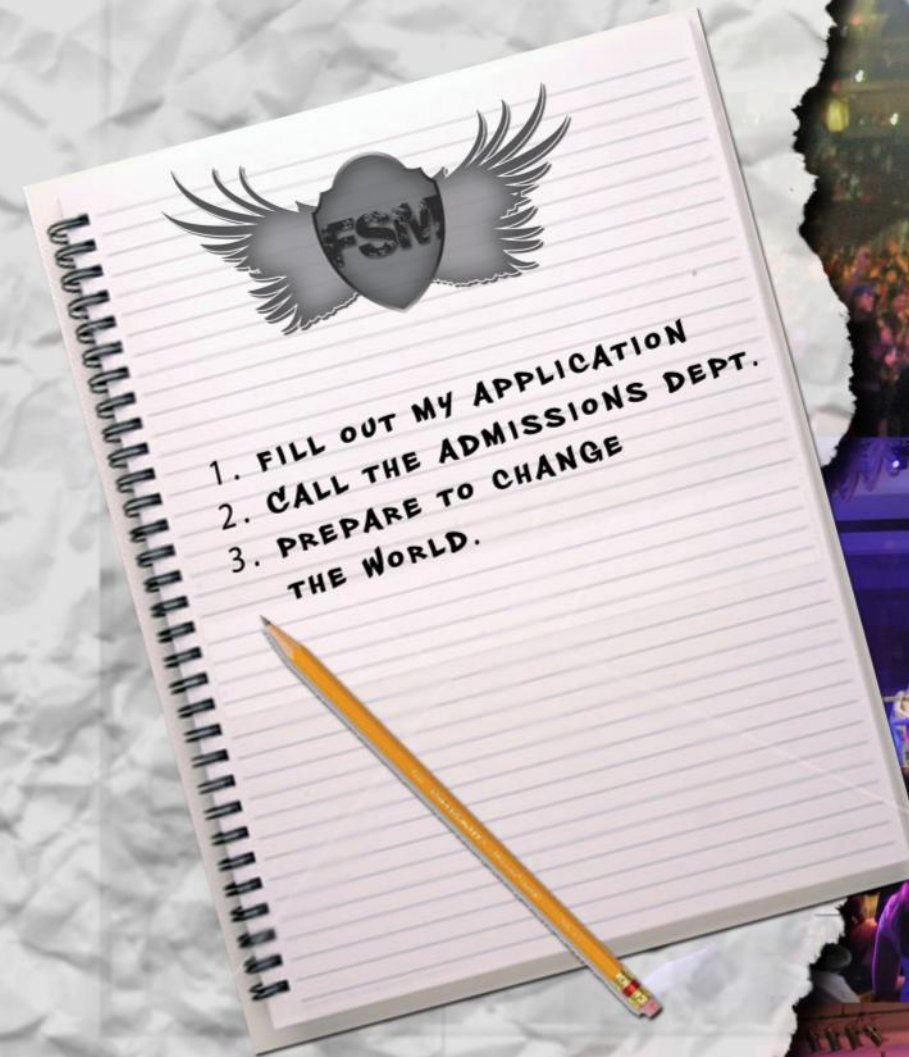




The Forerunner School of Ministry
P.O. Box 1150, Trussville, AL 35173
info@forerunnerschoolofministry.com
forerunnerschoolofministry.com
205-680-9241 | 205-680-9261 Fax



1. FILL OUT MY APPLICATION
2. CALL THE ADMISSIONS DEPT.
3. PREPARE TO CHANGE THE WORLD.

The Forerunner
School of Ministry

Student's Name:



Forerunner Application

Personal Reference

Dear Dreamer,

Congratulations! Receiving this packet is the first step toward fulfilling the call God has put on your life. Whether your passion for ministry lies in reaching a lost generation, leading others into passionate worship, traveling the world and seeing thousands accept Christ as their Savior, or any other form of ministry, The Forerunner School of Ministry is the training ground that will prepare you to launch into your destiny.

The Forerunner School of Ministry graduates are all over the world changing lives on a daily basis. Some are youth pastors all over our nation, some are executives for world class ministries, such as those led by Reinhard Bonnke, Jeff Deyo and Ron Luce. The Forerunner School of Ministry is determined to launch well-rounded, bold, Christ-centered, humble ministers with the purpose of impacting our world for Jesus Christ.

If you have any questions, or concerns we are here for you at any time to answer questions you might have. Feel free to reach us at our offices. Thank you for your interest in our school. We believe in helping you reach your full potential in God and accomplish the dreams God has put inside of you.

Humbly,

Alex Pratt
FSM Pastor/ Director

To be completed by Applicant:

Name: _____ Male Female
Address: _____ City: _____ State: _____ Zip: _____

To be completed by Personal Friend:

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: 205-680-9261.

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
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: _____

Pastoral Reference

General Information

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

To be completed by Applicant:

Name: _____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____

To be completed by 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: 205-680-9261**

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
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: _____

Semester of Attendance: Fall Term Summer Term Spring Term Year 20 _____

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: ____/____/____

Pastoral Reference

General Information

Background & Employment Information

Educator Reference

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.

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: _____

To be completed by Applicant:

Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

To be completed by Instructor:

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: 205-680-9261.

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

Emotional Stability

Financial Responsibility

Interpersonal Relationships

Leadership Potential

Moral Character

Personal Appearance

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: _____

Character Evaluation

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. _____

Personal History

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 recent occurrence? _____
Please explain: _____
 6. Have you ever been molested or abused? _____ If yes, when? _____
Please explain: _____
- ### 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: _____ Saved: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____

Character Evaluation

Personal History

Self Evaluation

1. On a scale of 1 to 10 (10 being the highest), please evaluate your personal strengths and weaknesses:
- | | | |
|------------------------------|---------------------------------|------------------------------|
| ____ Relating to new people | ____ Establishing relationships | ____ Cultural sensitivity |
| ____ Maintaining friendships | ____ Problem solving | ____ Flexibility |
| ____ Sense of humor | ____ Confronting | ____ Listening to authority |
| ____ Leadership | ____ Encouragement | ____ Submitting to authority |
| ____ Ability to finish tasks | ____ Conversations with leaders | ____ Being an example |
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? _____

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: _____

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: _____