

LAST NAME

SCHOOL OF SUPERNATURAL MINISTRY ALVIN

**2022-2023 First Year Application**

*Thank you for applying for admission to SSMA.*

*Enrollment is open until August 12 and the application fee is \$35. Late Enrollment is August 13-19 and the late application fee is \$50. Be sure to submit all three forms and pay the application fee. Each item on this list is required for the application to be complete.*

- *Fill out and submit this application.*
- *Submit both the Pastor Recommendation and Personal Recommendation.*
- *Pay the application fee [here](#)*

*Application Fee deadlines:*

*Paid by August 12: \$35*

*Paid after August 12: \$50*

*All application fees are non-transferable and non-refundable.*

*If you have any difficulty completing any part of the application process, [contact us](#) and we will be glad to help you.*

**Basic Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Mobile  Home  Other \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Gender:  Male  Female

Date of birth: \_\_\_\_\_

**Education**

Have you graduated from High School?  Yes  No Graduation Year \_\_\_\_\_

Have you attended College/University?  Yes  No

Please give details (including area of study, years attended & graduation date if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended any other ministry schools or programs?  Yes  No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

What was your main field of study? \_\_\_\_\_

In what industry do you have the most experience and how many years? \_\_\_\_\_

\_\_\_\_\_

**Employment**

Are you currently employed?  Yes  No

What is your occupation? \_\_\_\_\_

Current employer (optional)? \_\_\_\_\_

**Tuition and Fees**

*Students may pay their tuition in full or by Optional Monthly Plan. Please refer to Tuition and Fees on the [Admissions page](#) for details.*

Will pay tuition in full by August 26  Will pay tuition monthly. First payment due August 26

**Family**

Current Marital Status:  Married  Single  Divorced  Widowed

If you're married, what is your spouse's name? \_\_\_\_\_

Will your spouse be attending SSMA?  Yes  No

Is your spouse in full agreement with your decision to attend SSMA?  Yes  No

Please explain. \_\_\_\_\_  
\_\_\_\_\_

If you're not married, are you in a relationship?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have children?  Yes  No

Will any of your children be living with you while you attend SSMA?  Yes  No

Children's names and dates of birth:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How do your children feel about you attending SSMA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For any dependent children, what is your plan for their care during SSMA hours?

\_\_\_\_\_  
\_\_\_\_\_

Do you have a child, sibling, spouse or parent who will be attending SSMA?  Yes  No

Family Member(s) FULL Name: \_\_\_\_\_  
\_\_\_\_\_

**Health**

Do you have a current diagnosis of any illness?  Yes  No Please list and describe.

---

---

---

Have you received treatment for any diagnosed physical, emotional or mental conditions in the last five years?  Yes  No Please list them. \_\_\_\_\_

---

---

Please list any prescription medications used.

---

---

Have you received treatment for any diagnosed physical, emotional or mental conditions in the last five years?  Yes  No Please list them. \_\_\_\_\_

---

---

Are there any physical, emotional or mental limitations you might experience while attending SSMA?

Yes  No Please list them. \_\_\_\_\_

---

---

Emergency contact name and relationship: \_\_\_\_\_

Phone and mailing address: \_\_\_\_\_

## Revivalist Lifestyle Guidelines

"A revivalist is a believer who is focused and passionate, willing to pay any price to live in community, purity and power."

We are asking you to "pay the price" of transparency and trust as you answer the following very personal questions. We don't mean to highlight sin, as we know believers are forgiven and are new creations in Christ, but it is helpful for you to seriously consider our expectations in order to know if you will thrive at SSMA.

The freedom of the SSMA environment demands a high level of self-control and it works best when this sort of self-management is already being demonstrated before you come as we are not a recovery or a discipleship school. If you are still trying to figure out your commitment to Christ or to personal holiness and wholeness, we are not the school for you. If this is the case, God has a different assignment for you at this stage of your life. However, having had setbacks or struggles in these areas does not automatically disqualify you from being accepted as a student.

If you are in agreement with these guidelines, then continue to fill out the application below. After reviewing your application, we may request a personal interview. Your honest answers to these questions are mutually helpful in deciding if SSMA is a fit for you at this time.

I have read and agree to follow the Revivalist Lifestyle Guidelines during my time at SSMA.

*NOTE: Answering YES to the following questions will NOT automatically disqualify the applicant from acceptance.*

Have you used tobacco within the last 12 months?  Yes  No Please explain.

---

---

Have you had a problem with alcohol within the last 24 months?  Yes  No Please explain.

---

---

Have you used illegal drugs within the last 24 months?  Yes  No Please explain.

---

---

Have you been involved with pornography within the last 12 months?  Yes  No

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

Where you are in your process of pursuing freedom?

---

---

---

Have you been sexually active in the last two years? Singles (with anyone) marrieds (with anyone other than your spouse). We define sexually active as including intercourse, oral sex, foreplay and sexting.  Yes  No Please explain. \_\_\_\_\_

---

---

Yes  No Please explain where you are in your process with this. \_\_\_\_\_

---

---

Have you exhibited any self-destructive behavior or habitual problems within the last five years (i.e. eating disorder, cutting, compulsive lying, etc.)?  Yes  No

Please explain. \_\_\_\_\_

---

---

Have you ever been arrested?  Yes  No

If yes, please provide a brief explanation of when and why. \_\_\_\_\_

---

---

---

Have you ever been involved in the occult, witchcraft, or cults?  Yes  No Please explain.

---

---

---

---

## Spiritual History

When did you accept Christ as your personal 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 you were baptized in the Spirit? Please tell us about this.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a home church?  Yes  No

Are you directly connected to your pastor at your home church?  Yes  No

Home church: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church phone number and contact person: \_\_\_\_\_

Email and contact person (optional): \_\_\_\_\_

Do you attend church regularly?  Yes  No If yes, how long have you been regularly attending there? \_\_\_\_\_

Are you currently serving in your local church?  Yes  No

If yes, in what capacity? If no, please give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you recently left another church?  Yes  No

Was it a good parting or are there unresolved issues? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a brief description of any Christian service you've done (i.e. ministry experience, volunteer work, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief description of your Christian journey (i.e. how you came to know the Lord; your present walk with the Lord). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SSMA and You**

How did you hear about SSMA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain why you want to attend SSMA. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you passionate about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your greatest strength? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to do with the things you learn at SSMA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have you read any books by Bill Johnson or Kris Vallotton? Please list them.

---

---

---

---

Have you been exposed to any other teaching material (i.e. audio or video teaching, conferences, etc.) from a leader at Bethel Church? Please list them.

---

---

---

---

Please list any other books or teaching material, (audio or video teaching, conferences, etc.) that have impacted you, i.e. who do you follow?

---

---

---

---

---

- Email your completed application to [hello@ssmalvin.org](mailto:hello@ssmalvin.org).
- To complete registration, send your Personal and Pastoral Recommendations and pay the application [here](#)?