



Application process is as follows:

1. The application has seven components. We require that you **send in all seven components together in one packet.**
 - 1) Application Form
 - 2) Photograph
 - 3) A typed one or two page personal testimony (see page two, #1 on the Application form)
 - 4) Pastoral Recommendation (FSM Form), having known you for two years (in a signed, sealed envelope)
 - 5) Personal Reference (FSM Form), having known you for five years (in a signed, sealed envelope)
 - 6) \$50.00 **non-refundable** application fee (make checks payable to Orlando House of Prayer)
 - 7) Background Form
2. **Please complete and submit the above seven components** *no later than 30 days prior to the start date of the* ~~session~~ *for which you are applying.*

IMPORTANT: All seven components must be sent together. Late applications may need to wait until the start of the following session.

Please mail your application to:

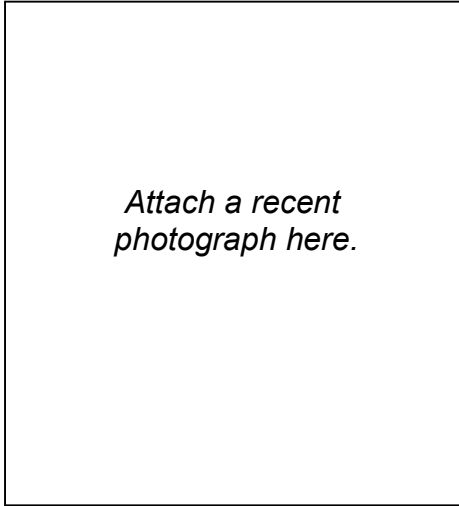
**Orlando House of Prayer
Forerunner School of Ministry
P.O Box 1206
Ocoee, FL 34761
(407) 877- 5970**

3. **Once we have received your application, our team will review it and we will notify you of its status.**
4. **Upon acceptance, a letter and packet will be mailed with details of the upcoming semester dates, enrollment information, etc.**
5. **We cannot accept F1, M1 or J1 student visa holders at this time.**
6. **Please email our office at fsm@orlandohop.org if you have any questions during the application process. If you do not have an email account, please make every effort to set one up as this is how we will correspond with you.**

FORERUNNER SCHOOL OF MINISTRY

Application for Admission

Date: _____



Name: _____
First
Middle
Last

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

E-mail: _____ SS #: _____

Birthdate: ____/____/____ Age: _____ Male Female

Asian Am. Indian/Alaskan Native Black Hispanic White

US Citizen Legal Permanent Resident

US National Legally Present in the United States. Type of Visa _____

Applying for: Intro to OHOP Captivated! (Check Track Below)

End Times: _____ **Justice:** _____ **Intimacy:** _____

Have you ever applied to FSM or any other OHOP program? If so, when and what program? _____

Are you currently a staff member? Yes No

PERSONAL / FAMILY INFORMATION

1. Please share your testimony (1-2 pages typed), including when and how you were converted, the highs and lows of your life, and the specifics of the call God has placed on your life for ministry. We encourage you to share some of the negatives that still affect you today in order to help us understand you. This information will by no means disqualify you. **Your application will not be processed without this.**

Answer questions 2-4 if under 21

2. Father or Guardian: _____ Living Deceased
 Address _____ Phone (____) _____
 City _____ State/Province _____ Zip/Postal Code _____

3. Mother or Guardian: _____ Living Deceased
 Address _____ Phone (____) _____
 City _____ State/Province _____ Zip/Postal Code _____

4. Are your parents or guardians supportive of your desire to attend FSM? _____

5. Your Marital Status: Single Engaged Married* Widowed Widowed and Remarried*
 Separated+ Divorced+ Divorced and Remarried+* Married to a Divorced Person+

+ PLEASE INCLUDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER OR IN THE MARITAL HISTORY ON PAGE 3.

*DATE OF MARRIAGE: ____/____/____ SPOUSE'S NAME: _____ BIRTHDATE: ____/____/____

*DATE OF MARRIAGE: ____/____/____ SPOUSE'S NAME: _____ BIRTHDATE: ____/____/____

6. Marital History: *(Please write a summary of your marriage experience).*

Is your spouse supportive of your desire to attend FSM?

7. If you have any children, please list name, sex, and birth date of each child:

NAME	SEX	AGE	BIRTHDATE
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____

8. Do you speak any language(s) in addition to English? _____

EDUCATIONAL / OCCUPATIONAL BACKGROUND

9. Year of High School Graduation: _____

Type of High School: [] Public [] Private [] Home School [] GED

Please list institutions of higher education you have attended.

NAME	ADDRESS (CITY, STATE)	DATES ATTENDED	DEGREES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Please list employment for the past five years.

NAME	ADDRESS (CITY, STATE)	DATES EMPLOYED	TYPE OF WORK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MINISTRY AND GIFTINGS INFORMATION

11. Do you currently attend a local church? _____ If no, please explain:

12. How long have you attended and in what areas are you involved? _____

Name of church: _____

Address: _____

Pastor's name: _____

13. Please list any other previous church and/or ministry involvement:

14. What would you consider to be your gifts and talents (spiritual and natural)?

15. What would you consider to be your weaknesses?

16. List some of your hobbies and interests: _____

17. Please try to assess the following in yourself:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
<i>Spiritual Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Integrity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-Discipline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Serve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Learn</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interpersonal Relationships</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Life</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to Work with Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

HEALTH INFORMATION

24. Do you have insurance? If so, what kind(s) of health insurance? _____

18. Do you have any physical disabilities, seizures, learning disabilities or physical conditions that require special care or medication? *(If yes, please explain)*

19. Please tell us if you have had *(past)* or have *(present)* life-controlling issues such as (lust, pornography, alcohol, tobacco, drugs, eating or sleeping disorders, depression or any other)

if so, please explain when and how long _____

20. Have you ever sought help/Counseling for any of these above mentioned problems?

If so, please describe when, with whom and for what;

<u>Year</u>	<u>Caregiver(s)</u>	<u>Identified Problem</u>
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20 a. Are you currently struggling with any of the above life controlling issues?

20b. Have you ever received Counseling or Psychological help for mental illness? _____

21. Are you currently on medication related to psychological problems?

If so, please specify: _____

22. Have you ever attempted suicide? _____

If so, please describe when, how treated, etc.: _____

23. Do you currently wrestle with suicidal thoughts? _____

OHOP AND FSM STATEMENT OF FAITH

Please read the following:

1. WE BELIEVE that only the sixty-six books of the Bible are the inspired, and therefore inerrant, Word of God. It is the final authority for all we believe and how we are to live (Matt. 5:18; John 10:35, 17:17; 2 Tim. 3:16- 17; 2 Pet. 1:20-21.)

2. WE BELIEVE that the one true God exists eternally in three persons, Father, Son, and Holy Spirit, and that these, being one God, are equal in deity, power, and glory. We believe that God not only created the world but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name (Ps. 104, 139; Matt. 10:29-31, 28:19; Acts 17:24-28; 2 Cor. 13:14; Eph. 1:9-12, 4:4-6; Col. 1:16-17; Heb. 1:1-3; Rev. 1:4-6.)

3. WE BELIEVE that Satan, originally a great and good angel, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness and evil on the earth. Satan was judged and defeated at the cross of Christ and will, at the end of the age, be cast forever into the lake of fire which has been prepared for him and his angels (Matt. 12:25-29, 25:41; John 12:31, 16:11; Eph. 6:10-20; Col. 2:15; 2 Pet. 2:4; Jude 6; Rev. 12:7-9, 20:10.)

4. WE BELIEVE that Adam was originally created in the image of God, righteous and without sin. In consequence of his disobedience, Adam's posterity are born subject to both imputed and inherent sin, and are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God (Gen. 1-3; Ps. 51:5; Is. 53:5; Rom. 3:9-18, 5:12-21; Eph. 2:1-3.)

5. WE BELIEVE that Jesus Christ is God incarnate, fully God and fully man, that He was conceived and born of a virgin, lived a sinless life, and offered himself as a penal, substitutionary sacrifice for sinners. By the blood of His cross He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints (Matt. 1:18-25; Jn. 1:1- 18; Rom. 8:34; 1 Cor. 15:1-28; 2 Cor. 5:21; Gal. 3:10-14; Phil. 2:6-11; Col. 1:15-23; Heb. 7:25; 1 Pet. 2:21-25; 1 Jn. 2:1-2.)

6. WE BELIEVE that salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required in order to be saved. This saving grace of God,

through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ (John 1:12-13, 6:37- 44, 10:25-30; Acts 16:30-31; Rom. 3-4, 8:1-17, 31-39; Eph. 2:8-10; Phil. 2:12-13; Titus 3:3-7.)

7. WE BELIEVE that the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom also we are sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the church to fulfill its calling and mission (Matt. 3:11, 28:18-20; John 1:12-13, 3:1-15; Acts 4:29-30; Rom. 8:9, 12:3-8; 1 Cor. 12:12-13; 2 Cor. 1:21-22; Gal.3:1-5; Eph. 1:13-14, 5:18.)

8. WE BELIEVE that water baptism and the Lord's Supper are the two ordinances of the church to be observed until the time of Christ's return. They are not a means of salvation but are channels of God's sanctifying grace and blessing to the faithful in Christ Jesus (Matt. 26:26-29, 28:19; Rom. 6:3-11; 1 Cor. 11:23-34; 1 Pet. 3:21.)

9. WE BELIEVE that the church is God's primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the church apostles, prophets, evangelists, pastors, and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe that women, no less than men, are called and gifted to proclaim the gospel and do all the works of the kingdom (Matt. 16:17-19; Acts 2:17-18, 42; Eph. 3:14-21, 4:11-16; Heb. 10:23-25; 1 Pet. 2:4-5, 9-10.)

10. WE BELIEVE that God has called the church to preach the gospel to all nations, and especially to remember the poor and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God (Is. 58:6-12, 61:1; Luke 4:18, 21:1-4; Gal. 2:10; 1 Tim. 6:8.)

11. WE BELIEVE in the literal second coming of Christ at the end of the age when He will return to the earth personally and visibly to consummate His kingdom. We also believe in and are praying for a great End- Time harvest of souls and the emergence of a victorious church that will experience an unprecedented unity, purity, and power in the Holy Spirit in the context of worldwide persecution (Ps. 2:7-9, 22:27-28; John 14:12, 17:20-26; Rom. 11:25-32; 1 Cor. 15:20-28, 50-58; Eph. 4:11-16; Phil. 3:20-21; 1 Thess. 4:13-5:11; 2 Thess. 1:3-12; Rev. 7:9-14.)

12. WE BELIEVE that when the Christian dies he/she passes immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and glorious transformation of the body. The saved will then forever dwell in blissful fellowship with their great Triune God. We also believe that when the unbeliever dies he/she is consigned to hell, there to await the Day of Judgment when he/she shall be punished with eternal separation from the presence of God (Matt. 25:46; Luke 16:19-31; John 5:25-29; 1 Cor. 15:35-58; 2 Cor. 5:1-10; Phil. 1:19-26, 3:20-21; 2 Thess. 1:5-10; Rev. 20:11-15, 21:1-22:15.)

25. Do you agree with all the points in the statement of faith listed above? _____

If not, please explain and specify which you disagree with:

FUTURE GOALS

26. How long do you see yourself in Orlando? _____

27. What are you hoping to learn from this school? _____

28. What are your goals for the future? What vision do you have for life and ministry?

FINANCIAL INFORMATION

29. What is your plan for paying for school? _____

29a. What is your plan for paying for living expenses? _____

29b. Are you currently in debt? (credit cards, home mort., student loans, car loan) _____
If so, please explain _____

29c. Do you own a car? _____ If yes, will you be bringing it with you to FL? _____

29d. Do you own a laptop? _____ If no, will you be purchasing one prior to school? _____

30. In case of an emergency, whom may we contact? _____

(_____) _____
Phone Number Relation of Emergency Contact to Applicant

31. How did you hear about FSM? _____

I declare that I have provided to the best of my knowledge and belief that the facts presented to support my application are true, correct, and complete.

Signature

Date

*Please attach \$50 (US Dollars) check to this application for administrative processing. Make check payable to Orlando House Of Prayer (OHOP). If needing to pay by credit card, please fill in the information below: (*3% Fee is added to credit card payment)*

[] Visa [] Mastercard [] American Express [] Discover

_____ Exp. Date _____

Signature

Date



*Confidential

Background Check Inquiry Release Form

AUTHORIZATION

In connection with my application to be a student at **Living Waters Church/OHOP**, I authorize **Living Waters Church/OHOP** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **Living Waters Church/OHOP** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by Living Waters Church/OHOP or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **Living Waters Church/OHOP**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

(Please write in blue or black ink. Light ink won't show up) (DOB is Date of Birth)

Requested by: 422723

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

FORERUNNER SCHOOL OF MINISTRY

P.O BOX 1206. OCOEE, FL 34761

PHONE: 407.877.5970

PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

To the Applicant:

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.

I waive my right to see this character reference.

I do not waive my right to see this character reference.

To the Pastoral Reference:

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. **Please return this form directly to the applicant in a sealed envelope with your signature across the seal.** If you have any questions, you may email them to fsm@orlandohop.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____

Church Name: _____

Address: _____

Church Telephone:(_____) _____ Your Position: _____

Home Telephone:(_____) _____ Email: _____

1. How long have you known the applicant? _____

How well? Very well Fairly well Casually By name/sight

2. Please describe the applicant's level of involvement in your church. *(Check all that apply)*

Attends regularly Cooperative Interested
 Attends irregularly Involved Distant
 Enthusiastic Willing to help

3. Has the applicant served your congregation in any capacity? If so, please give a brief description.

4. What are the strengths and spiritual gifts of the applicant according to your observations?

5. What is your assessment of the applicant's weaknesses?

6. What is the applicant's affect on his/her peers? Positive Neutral Negative Unknown

7. Please try to assess the following based on your knowledge of the applicant.

	<i>Uncertain or not observed</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
<i>Spiritual maturity.....</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Integrity and honesty</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Openness to correction</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-discipline.....</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to serve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family life.....</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to work with others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Courtesy.....</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional stability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

8. Are there any complex family factors which might affect the applicant's studies at the Forerunner School of Ministry?

9. Would you have the applicant on your staff? Yes No Why or why not?

10. I recommend this applicant for the Forerunner School of Ministry.

Highly recommend Recommend Recommend with reservations* Do not recommend*

*Please explain concerns below or add your comments:

Signature _____ Date _____

FORERUNNER SCHOOL OF MINISTRY

P.O BOX 1206. OCOEE, FL 34761

PHONE: 407.877.5970

PERSONAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT:

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

To the Applicant:

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. *Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.*

I waive my right to see this character reference.

I do not waive my right to see this character reference.

To the Personal Reference:

This recommendation form is to be completed by a friend (not a spouse or relative), one who has known the applicant for at least 5 years. Please return this form directly to the applicant in a sealed envelope with your signature across the seal. If you have any questions, you may email them to fsm@orlandohop.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____ Address : _____

Telephone: (_____) _____ Email: _____

1. How long have you known the applicant? _____

How well? Very well Fairly well Casually By name/sight

2. What is the relationship between you and the applicant?

3. What are the strengths and spiritual gifts of the applicant according to your observations?

4. What is your assessment of the applicant's weaknesses?

5. Are there any complex family factors which might affect the applicant's studies at the Forerunner School of Ministry? _____

6. Please try to assess the following based on your knowledge of the applicant.

	<i>Uncertain or not observed</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
<i>Spiritual maturity</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Integrity and honesty</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Openness to correction</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-discipline</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to serve</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family life</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to work with others</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication skills</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Courtesy</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership skills</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical health</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional stability</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

7. I recommend this applicant for the Forerunner School of Ministry.

- Highly recommend Recommend Recommend with reservations* Do not recommend*

*Please explain concerns below

Comments/concerns: _____

8. Would you support your friend's decision to move to Orlando as a Forerunner School of Ministry student? Yes No Please explain _____

Signature: _____ Date: _____