



ENROLLMENT TERM & TYPE
 (Circle One) : Spring / Summer/ Fall
 Full-Time / Part Time
 Year 2018 / 2019
 Alumni: Yes / No

ORLANDO SCHOOL OF MINISTRY : ZEAL INTERNSHIP APPLICATION

1. GENERAL INFORMATION

SS# ___-___-___ Date of Birth ___/___/___ Gender : _____

Last Name: _____ First Name _____

Suffix: _____ Preferred Name _____

Mailing Address (City, County, State, Zip Code):

E-mail: _____

Phone (____) ___-___ Permission to Text: Y ___ N ___

Citizenship:

- US Citizen US National
- Legal Permanent Resident Legally Present in the US

Visa Type _____

**Attach a
Recent Photo
of You**

Marital Status (CHECK ONE)

- Single Engaged Married Widowed Separated Divorced



2. EDUCATIONAL / OCCUPATIONAL BACKGROUND

Check One: High School Diploma GED Graduation Year: _____

Type of High School (Check one): Private Public Home School

List Institutions of higher education you have attended:

Name	City, State	Dates Attended & Degree Earned
_____	_____	_____
_____	_____	_____

How did you hear about Zeal Internship: _____

Why are you interested in doing the Zeal Internship:



3. HEALTH INFORMATION

List minimum of two Emergency Contacts

Frist and Last Name	Phone Number	Relationship to You
_____	_____	_____
_____	_____	_____

Do you have insurance? ___Y ___N

If yes, what kind (s) of health insurance?

Do you have any physical disabilities, seizures, learning disabilities , mental illness, or physical conditions that require special care or medication? (If applicable, please list & explain):



6. PERSONAL TESTIMONY

Please give your testimony 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

7. PASTORAL RECOMMENDATION

Using the forms provided, please provide a sealed pastoral recommendation from a pastor who have known you for at least 2 years.

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS.

8. HOUSING RECOMMENDATION *

Please provide a Housing Recommendation discussing your behavior as a renter and faithfulness to meet payments. Be sure to include landlords' contact information.

HOUSING WILL NOT BE PROVIDED WITHOUT RECOMMENDATION.

***ONLY FOR STUDENTS WITH HOUSING NEEDS**



8. SIGNATURE & MEDIA RELEASE

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. I also give permission for any photographs or video taken of me to be used for all marketing types such as, but not limited to, social media, billboards, brochures, etc. by Orlando House of Prayer, Orlando School of Ministry and any affiliating organizations.

Signature: _____

Signature Date: _____

If you have any questions regarding this application, please send an email to osm@orlandohop.org



9. PAYMENT

Please attach the \$100 (US Dollars) Non-refundable application fee to this application for administrative processing. Make check payable to Orlando School of Ministry. If needing to pay by credit card, please fill in the information below:

Choose One: Visa American Express Discover

Card Number: _____

Expiration Date: ____/____

Signature _____

Date: ____/____/____

