

ELIJAH HOUSE SCHOOL OF PRAYER MINISTRY
STUDENT APPLICATION (Page 1 of 2)

Circle ALL that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent - Non U.S. Citizen			
Name		Spouse	
Address		Home Phone	
City		Work Phone	
State		Fax	
Zip		Email	
Church		Occupation	Age

1. Which of the following Elijah House books have you read?

- | | |
|--|--|
| <input type="checkbox"/> Restoring the Christian Family | <input type="checkbox"/> Transforming of the Inner Man |
| <input type="checkbox"/> God's Power to Change | <input type="checkbox"/> Letting Go of Your Past |
| <input type="checkbox"/> Growing Pains | <input type="checkbox"/> Deliverance and Inner Healing |
| <input type="checkbox"/> Elijah Task | <input type="checkbox"/> Healing the Wounded Spirit |
| <input type="checkbox"/> Transformation of the Inner Man | <input type="checkbox"/> Life Transformed |
| <input type="checkbox"/> The Renewal of the Mind | <input type="checkbox"/> Healing Victims of Sexual Abuse |
| <input type="checkbox"/> Why Some Christians Commit Adultery | <input type="checkbox"/> Why Good People Mess Up |

2. Which of the following Elijah House Classes have you completed?

- Course 201 (Basic 1) school Prophetic School
- Course 202 (Basic 2) school Other Elijah House Seminars/Classes _____
- Healing of Trauma Seminar

3. How long have you been a Christian? _____ **Date of Salvation** _____

4. Please give a brief account of when and how you became a Christian.

5. How are you presently serving the Lord?

6. Are you in a relationship with a spiritual leader in a pastoral role who knows you, is aware of your spiritual condition, and can hold you accountable? Yes No

7. Are you presently ministering to others?

- Yes Lay/Church Lay/Private Professionally
- No If not, do you plan to do prayer ministry after completing this training? Yes No Don't Know

8. What is your primary reason for attending this school?

STUDENT APPLICATION (Page 2 of 2)

9. Are you receiving prayer ministry or counseling at this time? Yes No (If so, briefly explain.)

10. Have you been diagnosed with Dissociative Identity Disorder, Borderline Personality Disorder, or a victim of Ritualized Abuse? Yes No (If yes, please explain and describe your treatment plan briefly.)

11. Special Needs or requests (please circle what applies, and briefly explain):

Allergies Medication Disability Dietary Other None

Because we are dealing with the hearts of people, the school can - at times - be very intense. Personal responses to teaching and small group interaction may include (but is certainly not limited to) some of the following: expression of anger, prejudices and resentments, apprehension, anxiety, insomnia, depression, dissociation, etc. **Note:** If a crime is confessed in small group during the course of the school, the Facilitator/leader of your small group will need to report it to the Director/Facilitator of the school. The Director/Facilitator of the school, in accordance with the laws of that state, may need to report it to the proper authorities. Because of time restraints, all of your personal life issues will not be dealt with during the course of the school. This is a life-long process. However, we do give you the tools to pursue further healing, and you may want to pursue further ministry once the school is complete. If you feel there are already significant life issues that need to be addressed, ministry or counseling prior to your enrollment in the school is advisable and always beneficial. If you have been seeing a counselor, we ask that you discuss the school with your counselor and receive their approval. Their signature is required below.

Having accepted the school enrollment information, requirements outlined in this application, and the Elijah House Facilitated School Booklet, I prayerfully submit my application. I agree to respectfully abide by the determination of Elijah House as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House and any Host Facility harmless for any of my personal responses to the teachings and small group time during the school. I also agree to indemnify and hold Elijah House and any Host Facility harmless for any costs in time, travel, accommodations, or other incidentals, should the school be canceled, my acceptance be delayed, or I am asked to discontinue the course to seek ministry before continuing at another time. I agree to maintain the confidentiality of what is shared by leaders and students in class and small groups. I understand that I may be filmed or photographed during the event for use in future training events and advertisement for display without using my name, and I give permission for use of my image/picture in this way.

I understand that my signature testifies that all information provided is true, that I accept all terms of enrollment, and will provide sufficient funds in a timely manner for my participation in the school.

Applicant's Signature: _____ Date _____

Spouse's Signature: _____ Date _____
(Spouse's Signature is required regardless of whether or not he/she is attending)

Counselor Name (if applicable): _____ Signature: _____

Address: _____ Phone: _____

City, State, Zip: _____

Please give your application to your Facilitator

Elijah House School of Ministry
PASTORAL REFERENCE for Student Application (Page 1 of 2)

CONFIDENTIAL: This form is confidential and for Elijah House School use only. Please return to applicant in a sealed envelope, or email to schools@elijahhouse.org

[Student Applicant] _____ is applying to attend an Elijah House School of Prayer Ministry. We would appreciate your candid assessment of this individual's character qualities and spiritual gifting. Your comments are important. Please return this character reference directly to the student in a sealed envelope.

1. How long have you known the applicant? Length of relationship _____ years / months (circle one)

2. In what areas has the applicant served in your church?

Present: _____

Past: _____

3. Is the applicant a member of your church? Yes No

4. How would you evaluate the applicant in the following areas?
 (Circle number: 5 = strongest and 1 = weakest)

	HIGH		MEDIUM		LOW		DON'T KNOW
Humility	5	4	3	2	1		<input type="checkbox"/>
Mournful over sin	5	4	3	2	1		<input type="checkbox"/>
Gentle; meek	5	4	3	2	1		<input type="checkbox"/>
Seeks to do things God's way	5	4	3	2	1		<input type="checkbox"/>
Merciful	5	4	3	2	1		<input type="checkbox"/>
Pure in heart	5	4	3	2	1		<input type="checkbox"/>
Peacemaker	5	4	3	2	1		<input type="checkbox"/>
Self-controlled	5	4	3	2	1		<input type="checkbox"/>
Heart for the lost	5	4	3	2	1		<input type="checkbox"/>
Cares for others	5	4	3	2	1		<input type="checkbox"/>
Integrity	5	4	3	2	1		<input type="checkbox"/>
Overall Spiritual Maturity	5	4	3	2	1		<input type="checkbox"/>

5. What areas in the applicant's life do you feel need development?

6. What areas in the applicant's life do you see as strengths?

PASTORAL REFERENCE for Student Application *(Page 2 of 2)*

7. Would you send someone "in need" to this person for prayer ministry? Yes No (if no, please explain)
8. Are you willing to commit to supporting this student with pastoral counseling in the need arises during the course of their attendance at this school? Yes No
9. Do you know this student well as a spiritual leader in a pastoral role, aware of their spiritual condition and have a relationship in which you can hold this student accountable? Yes No
10. Do you recommend this person for attendance at this Elijah House facilitated school?

I recommend

I recommend with the following reservation(s): _____

I do not recommend

Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant: _____

Phone: _____ City, State _____

(Please return to applicant in a sealed envelope)

Elijah House School of Ministry
CHARACTER REFERENCE for Student Application

CONFIDENTIAL: This form is confidential and for Elijah House Video School Facilitator only.

[Student Applicant] _____ is applying to attend an Elijah House School of Prayer Ministry. We would appreciate your candid assessment of this individual's character qualities and spiritual gifting. Your comments are important. Please return this character reference directly to the student in a sealed envelope.

1. How long have you known the applicant? Length of relationship _____ years / months (circle one)

2. How would you evaluate the applicant in the following areas?
 (Circle number: 5 = strongest and 1 = weakest)

	HIGH	4	MEDIUM	3	LOW	2	1	DON'T KNOW
Humility	5	4	3	2	1			<input type="checkbox"/>
Mournful over sin	5	4	3	2	1			<input type="checkbox"/>
Gentle; meek	5	4	3	2	1			<input type="checkbox"/>
Seeks to do things God's way	5	4	3	2	1			<input type="checkbox"/>
Merciful	5	4	3	2	1			<input type="checkbox"/>
Pure in heart	5	4	3	2	1			<input type="checkbox"/>
Peacemaker	5	4	3	2	1			<input type="checkbox"/>
Self-controlled	5	4	3	2	1			<input type="checkbox"/>
Heart for the lost	5	4	3	2	1			<input type="checkbox"/>
Cares for others	5	4	3	2	1			<input type="checkbox"/>
Integrity	5	4	3	2	1			<input type="checkbox"/>
Overall Spiritual Maturity	5	4	3	2	1			<input type="checkbox"/>

3. What areas in the applicant's life do you feel need development?

4. What areas in the applicant's life do you see as strengths?

Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant: _____

Phone: _____ City, State: _____

(Please return to applicant in a sealed envelope.)

Elijah House Course 201 Required Reading List

All Books by John Sandford

- Transforming the Inner Man
- Restoring the Christian Family
- Letting Go of Your Past
- God's Power to Change
- Growing Pains
- Deliverance and Inner Healing

It is recommended that the book Transforming the Inner Man be started as soon as you know you will be taking the class. Each week in your manual there will be chapters from one of these book that they will recommend that you read.

*These may be purchased through Elijahhouse.org. The cost through Elijah House is around \$15/each.