



# Elijah House "Live" School Application

☺ Basic I ☺

<b>SCHOOL DATE</b>	<b>May 2<sup>nd</sup> – 15<sup>th</sup>, 2010</b>	<b>LOCATION</b>	<b>Water &amp; Wine Assembly of Christians 1212 Mountain Road Moncton, New Brunswick - Canada</b>
Circle ALL that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent - Non U.S. Citizen			
Name	Age	Spouse	Age
Name you would like to be called		Name spouse would like to be called (if attending)	
Address			
City		State	Zip
Home Phone		Work phone	
Email		Fax	
Church		Occupation	
Traveling to School by: <input type="checkbox"/> Airplane <input type="checkbox"/> Train <input type="checkbox"/> Car <input type="checkbox"/> Rental car from airport			

ITEM & COST	SINGLE	COUPLE	PAYMENT METHOD (U.S. Funds)
Tuition (per person)	<b>\$460</b>	<b>\$920</b>	<b>Check #</b>
			<b>Credit Card #</b>
			<b>Visa, MasterCard &amp; Debit Cards only</b>
			<b>Expiration Date</b>
			<b>3 digit security code</b>
Early Bird discount	- \$	- \$	<b>Signature</b>
Less Deposit	- <b>\$200</b>	- <b>\$400</b>	I authorize Spring of Hope to charge the remaining balance to my Credit Card # when Final Payment is Due. Initials _____ Date _____
<b>Remaining Balance</b>	=	=	
Airport Shuttle Service	\$	\$	<p style="text-align: center;">Please attach a <b>current</b> picture here to help us get to know you before you arrive at the school.</p> <p style="text-align: center;"><b>Please direct all inquiries, school registration application, shuttle sheet, etc to:</b></p> <p style="text-align: center;">Spring of Hope Ministries 230 S. Potomac Street Waynesboro, PA 17268</p> <p style="text-align: center;">call: (717) 762-0234 fax: (717) 762-0264 Email: <a href="mailto:springofhope@embarqmail.com">springofhope@embarqmail.com</a></p>
Total			
<b>Special Notes</b>			
(1) Applications will not be accepted without a deposit (2) An additional \$25 late fee will be automatically assessed when payment is not received 2 weeks before the school. (3) <b>REFUNDS:</b> All refunds are subject to a \$50 charge except when one is placed on the "Waiting List".			

**Special Needs or Requests:** (Briefly explain need or reason for the request)

Medication \_\_\_\_\_  Disability \_\_\_\_\_

Other \_\_\_\_\_

1. Which of the following books have you read?

- |  |   |
|--|---|
| <input type="checkbox"/> God's Power to Change**         | <input type="checkbox"/> Transforming the Inner Man**   |
| <input type="checkbox"/> Growing Pains**                 | <input type="checkbox"/> Letting Go of Your Past**      |
| <input type="checkbox"/> Deliverance & Inner Healing     | <input type="checkbox"/> Restoring the Christian Family |
| <input type="checkbox"/> Awakening the Slumbering Spirit | <input type="checkbox"/> Eliiah Task                    |
| <input type="checkbox"/> The Renewal of the Mind         | <input type="checkbox"/> Choosing Forgiveness           |

\*\*Suggested reading books prior to attending the Basic I Training

Have you listened to the CD's or viewed the DVD's for the Basic I Elijah House Training

2. How long have you been a Christian? \_\_\_\_\_ Yrs    Date of Salvation \_\_\_\_\_

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

4. How are you presently serving the Lord?

5. Are you presently ministering to others?

Yes [  Lay/Church  Lay/Private  Professionally ]

No If not, will you be doing prayer ministry after completing this training?  Yes  No  Don't Know

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

7. What plans do you have for using this material after completing the school?

8. Are you receiving ministry or counseling at this time?  Yes  No If yes, briefly explain.

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 your 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 required below)

Having accepted the school enrollment information and requirements outlined in this application and the Elijah House Live School Booklet, I respectfully 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, Spring of Hope Ministries 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, Spring of Hope Ministries 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 understand that my signature testifies that all information provided is true, that I accept the 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): \_\_\_\_\_ Phone \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_



**Elijah House School of Prayer Ministry**  
**Character Reference**  
**CONFIDENTIAL – For Spring of Hope use only.**

**For: (Applicant's Name)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**School Location:** Water and Wine Assembly of Christians **Date of School:** May 2<sup>nd</sup>-15<sup>th</sup>, 2010

The person named above is applying to attend an Elijah House Basic I School for Prayer Ministry. Your comments about this individual's character and spiritual maturity are required to determine the applicant's suitability for the school. Your comments are important. **Please return this reference to the applicant in a sealed envelope** with their name, phone number, and Character Reference written on the outside. If you have any questions please feel free to call Spring of Hope Ministries at (717) 762 - 0234.

**1. What is your relationship with the applicant? Length of relationship \_\_\_\_\_(yrs)**

**2. How would you evaluate the applicant in the following areas? (Please circle or check answer)**

		<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>	<b>DON'T KNOW</b>	
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 do you see as the applicant's strengths?**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **City, State** \_\_\_\_\_

**(Please return to applicant in a sealed envelope.)**



**Elijah House School for Prayer Ministry**  
**Pastor Approval**  
**CONFIDENTIAL – For Spring of Hope use only.**

**For: (Applicant’s Name)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**School Location:** Water and Wine Assembly of Christian **Date of School:** May 2<sup>nd</sup> – 15<sup>th</sup>, 2010

The person named above is applying to attend an Elijah House Basic I School for Prayer Ministry. Your comments about this individual’s character and spiritual maturity are required to determine the applicant’s suitability for the training. Your comments are important. **Please return this reference to the applicant in a sealed envelope** with their name, phone number, and Pastoral Reference written on the outside. If you have any questions please feel free to call Spring of Hope Ministries at (717) 762 - 0234.

**1. How long have you known the applicant?** \_\_\_\_ yrs.

**2. In what areas has the applicant served in your church? Are they a member?**  Yes  No

**Present:** \_\_\_\_\_ **Past:** \_\_\_\_\_

**3. How would you evaluate the applicant in the following areas? (Please circle or check answer)**

		<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>	<b>DON'T KNOW</b>	
Humility	5	4	3	2	1	<input type="checkbox"/>
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Integrity	5	4	3	2	1	<input type="checkbox"/>
Overall Spiritual Maturity	5	4	3	2	1	<input type="checkbox"/>

**4. What areas in the applicant’s life do you feel need development?**

**5. What do you see as the applicant’s strengths?**

**6. Would you send someone “in need” to this person for ministry?**  Yes  No (If not, please explain why on the back of this sheet. Please use only the bottom half of the page.)

**7. Do you recommend this application to take the Basic I school?**  
 I recommend.  I recommend with this reservation  I do not recommend

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Denomination/Church:** \_\_\_\_\_ **City, ST** \_\_\_\_\_

(Please return to applicant in a sealed envelope.)



The Power of the Cross  
Through the Spirit and the Word  
Working to Heal and Restore Families

**SPRING OF HOPE MINISTRIES**  
230 S. Potomac Street – Suite C  
Waynesboro, PA 17268  
Phone: (717) 762-0234  
E-mail: springofhope@embarqmail.com

**MAIL, FAX or EMAIL this information so that it ARRIVES at Spring of Hope Ministries  
NO LATER THAN the MONDAY before the school.**

## ***SHUTTLE SHEET***

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CELL PHONE (in case we need to call you at the airport): \_\_\_\_\_

<b>School Location</b>	Water & Wine Assembly of Christians Moncton, NB	<b>Date Of School</b>	May 2 <sup>nd</sup> – 15 <sup>th</sup> , 2010
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I am arriving by:  Airplane  Train  Bus

### TRAVEL ITINERARY

SCHOOL BOUND		HOME BOUND	
Arriving From		Departing	
Arrival Date		Departure Date	
Arrival Time		Departure Time	
Train/Bus/Airline		Train/Bus/Airline	
Flight Number		Flight Number	
<b>Special Notes:</b>			

- I will need to stay an extra night on the **Saturday before** the school.
- I will need to stay an extra night on the **Saturday after** the school.
- Charge my Credit Card now for the Shuttle and/or extra nights

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please mail all completed forms to:  
**Spring of Hope Ministries**  
230 S. Potomac Street  
Waynesboro, PA 17268