

STUDENT APPLICATION

Elijah House Facilitated Video School for Prayer Ministry

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 books have you read?

- Transforming the Inner Man Letting Go of Your Past God's Power to Change
 Growing Pains Deliverance & Inner Healing Choosing Forgiveness
 Renewal of the Mind Waking the Slumbering Spirit Healing for Women's Emotions
 The Elijah Task Why Good People Mess Up Healing Victims of Sexual Abuse

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? _____ years 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 No7. 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?

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.

Special Needs or requests: Please circle what applies, and briefly explain:

Allergies Medication Disability Dietary Other

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 and requirements outlined in this application and the Elijah House Facilitated 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 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 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): _____ Signature: _____

Address: _____ Phone: _____

City, State, Zip: _____

Please give your application to your facilitator

Course 201 Student School Order

Please return this order form to your facilitator along with your payment.

School Costs:	TOTALS
Tuition:	99.00
Notebook:	50.00
Facilitator Fee:	76.00
Book Order Total:	<hr style="width: 50%; margin: 0 auto;"/>
Total School Cost:	\$ 225.00

Course 201 Book Order

In addition to your Tuition & Notebook, you may need to order the required reading books listed below.

Required Books: Which of these reading books do you want to purchase?

- (B6) *Restoring the Christian Family*
- (B2) *Transforming the Inner Man*
- (B4) *Letting Go of Your Past*
- (B3) *God's Power to Change*
- (B5) *Growing Pains*
- (B11) *Deliverance & Inner Healing*

\$ _____ **Required Reading**

Optional Books: Which of these reading books do you want to purchase?

- (B13) *Choosing Forgiveness*
- (B09) *Life Transformed*
- (B12) *Awakening the Slumbering Spirit*
- (B10) *Healing For Women's Emotions*
- (B1) *The Elijah Task*

+ \$ _____ **(Optional Reading)**

= \$ _____ **Subtotal for Books** (Required + Optional)

+ \$ _____ **Book Order Total** (Place this amount on Book Order Total above)

There is also a small charge for shipping.

There is sales tax applied on products sold to students in the State of Idaho.

Name: _____ Phone: _____

Make Checks Payable to: Deborah McKinniss

School Cost \$ _____ + Book Order \$ _____ = \$ _____ Total to Facilitator

Do not send this form to Elijah House. Return to facilitator along with payment.

Elijah House Training for Prayer Ministry
 PASTORAL REFERENCE for Facilitated Video School Student
CONFIDENTIAL - For School Facilitator use only

CONFIDENTIAL: This form is confidential and for the Elijah House Video School **facilitator** only.

[Student Applicant] _____ is applying to attend an Elijah House Facilitated Video School for Prayer Ministry at (facility name) _____. 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? _____ years

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? (Circle)

	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"/>

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

5. What areas of strength do you see in the applicant's life?

6. Would you send someone "in need" to this person for prayer ministry? Yes No (If not, please explain.)

7. Do you recommend them to attend the facilitated school?

I recommend I recommend with this reservation: _____ I do not recommend

Signature: _____ Phone: _____ Date: _____

Print Name: _____ Position: _____

Church: _____ City, _____ ST _____

(Please return to applicant in a sealed envelope.)

**Character Reference for Facilitated Video School Student
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CONFIDENTIAL: This form is confidential and for the Elijah House Video School **facilitator** only.

[Student Applicant] _____ is applying to attend an Elijah House Facilitated Video School for Prayer Ministry at (facility name) _____. 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. What is your relationship with the applicant? Length of relationship _____ years

2. 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"/>

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, _____ ST _____

(Please return to applicant in a sealed envelope.)

