

# NEW HOPE SCHOOL OF MINISTRIES

## STUDENT APPLICATION

**BASIC DOCTRINE STUDIES**    Twelve Courses    12 Credit Hours

**PART-TIME STUDENT**    Individual Courses    1 Credit Hour

**MORNING** 8:30 TO 11:30A.M. OR  **EVENING** 6:00 TO 9:00P.M.

PLEASE PRINT

Date: \_\_\_\_\_

1. Full name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Birth date \_\_\_\_\_ Age \_\_\_\_\_ 4. Social Security # \_\_\_\_\_

5. Home phone \_\_\_\_\_ 6. Work phone \_\_\_\_\_

7. Marital status:    Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

8. Spouse's name \_\_\_\_\_ Children's names and ages \_\_\_\_\_

9. Presently employed?    Yes \_\_\_ No \_\_\_ 10. Where? \_\_\_\_\_

11. How long ? \_\_\_\_\_ 12. Supervisor's name \_\_\_\_\_

13. What church do you attend? \_\_\_\_\_

**Those attending a church other than New Hope Ministries must complete a Minister's Recommendation form.**

You may skip questions 14 - 16 if you attend New Hope Ministries.

14. Name of church \_\_\_\_\_

15. Pastor's name \_\_\_\_\_

16. Church address \_\_\_\_\_

17. How long have you attended? \_\_\_\_\_ 18. Church phone number \_\_\_\_\_

19. Are you presently working in a ministry? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

20. Are you born-again?    Yes \_\_\_ No \_\_\_ Don't know \_\_\_

21. Have you been baptized in water? Yes \_\_\_\_\_ No \_\_\_\_\_
22. Have you been filled with the Holy Spirit? Yes \_\_\_\_\_ No \_\_\_\_\_ Briefly describe your experience. \_\_\_\_\_  
\_\_\_\_\_
23. Do you practice any of the following? Smoking \_\_\_ Alcohol \_\_\_ Use of drugs \_\_\_ Other \_\_\_
24. Do you have any preaching experience? Yes \_\_\_ No \_\_\_ If yes, please explain  
\_\_\_\_\_
25. Are you a licensed minister? Yes \_\_\_ No \_\_\_ An ordained minister? Yes \_\_\_ No \_\_\_
26. Have you had any specialized ministry training and if so what? \_\_\_\_\_  
\_\_\_\_\_
27. Why do you feel God is calling you to attend New Hope School of Ministries? \_\_\_\_\_  
\_\_\_\_\_
28. Will the \$785 tuition be a financial burden on your family finances? Yes \_\_\_ No \_\_\_
29. How do you plan to pay for your tuition? In full \_\_\_ Automatic Withdrawals \_\_\_
30. Will you be applying for financial aid to attend school? Yes \_\_\_ No \_\_\_
31. Do you have any language or learning barriers that we need to be advised of? Yes \_\_\_ No \_\_\_

**Notice on Non-Discrimination Policy**

New Hope Ministries admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities generally accorded or made available to students in the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its' educational and admission policies, grants, and other school administered programs.

RETURN THIS APPLICATION ALONG WITH A \$25 NON REFUNDABLE APPLICATION FEE TO:

New Hope Ministries  
c/o Steve McGraw  
7675 Davis Boulevard  
Naples, FL 34104 (239) 348-0122

# Minister's Recommendation

To be filled out for those who do not attend New Hope Ministries

Name of Applicant	Mr. Mrs. Miss	LAST	FIRST	MIDDLE		
Address	NUMBER and STREET		CITY	STATE	ZIP	( ) PHONE
Social Security Number	-	-	SEMESTER	/	YEAR PLANNING TO ATTEND	

Please read before distributing form. This form should be completed by your minister and returned by him directly to New Hope Ministries. If your father is your minister, please refer the form to the assistant minister or lay leader in your church. **If a person other than your minister (or assistant minister) completes the form, an explanation should be provided.** I understand that this confidential statement is being submitted with the understanding that its content will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

\_\_\_\_\_

APPLICANT'S SIGNATURE

Area in box to be filled out by Applicant and then forwarded to your minister.

## To The Minister

Each applicant for admission to New Hope School of Ministries must submit a recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. It should be returned directly to **New Hope School of Ministries, 7675 Davis Blvd, Naples, Florida, 34104.** Since we request a candid evaluation, we will hold your comments in strictest confidence. *Thank you for your time and assistance.*

### To be filled out by minister:

- How long have you known the applicant? \_\_\_\_\_
- How well do you know him/her? (*check one*)  
 By name/sight  
 Casually – few personal contacts  
 Fairly well – numerous personal contacts  
 Very close pastoral relationship
- To your knowledge has the applicant made a meaningful personal commitment to Jesus Christ?  
 Yes       No       I don't know

Comments: \_\_\_\_\_

- Please indicate applicant's level of involvement in church activities. (*check one*)  
 Attends irregularly; shows little interest  
 Seldom participates although attends regularly  
 Cooperative; usually willing to help  
 Enthusiastic; deeply involved
- What do you consider the applicant's strong points? Include positive personal traits. \_\_\_\_\_

6. What do you consider the applicant's weak points? Include negative personal traits. \_\_\_\_\_

7. Please check the terms which best describes the student's attitude toward the church and its activities.

- |                                      |                                       |                                   |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Warmhearted | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Loving   |
| <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Respectful   | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Passive     | <input type="checkbox"/> Contemptuous | <input type="checkbox"/> Critical |

8. This applicant's spiritual influence on his peers is  Positive  Neutral  Negative

9. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No Chance to Observe
Leadership					
Responsibility					
Christian commitment					
Initiative					
Cooperativeness					
Personal appearance					
Moral character					
Health					
Social adaptability					
Integrity & honesty					
Emotional stability					

10. To your knowledge does the applicant:  Smoke?  Drink?  Use illegal drugs?

Comments: \_\_\_\_\_

11. Does the applicant have personality traits that impair his relationship with others?  Yes  No

12. Please share with us any information you may have about the applicant that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life, or general personality appraisal. \_\_\_\_\_

Minister's Name \_\_\_\_\_

Name of Church and Denomination \_\_\_\_\_

Address \_\_\_\_\_

STREET

( )

CITY

STATE

ZIP

PHONE

Return to: New Hope School of Ministries, 7675 Davis Blvd., Naples, Florida 34104,  
(239) 348-0122 Attention: Steve McGraw