

Please provide the \$25 non-refundable application fee when you submit your application. The remaining \$125 for tuition Is due on the first day of class.

APPLICATION DATE

PERSONAL INFORMATION

Full Name :			
Address :			
City :		State : Zip	code :
Email :			Phone :
Date of Birth:		Age: Geno	der: Male Female
FAMILY IN	IFORMATION		
Marital Status :	Single	Engaged	Married
	Widowed *If separated or divorced, plea	Separated*	Divorced*
Spouse's Name:			
Date of Birth:		Age: How long ma	rried?
	ending the Intensive? out a separate application.)	YES NO	
ls your spouse sup	oportive of your interest in join	ing the Intensive? YES	NO
Do you have child	Iren? YES NO		
Nai	me:	Age:	
Na	me:	Age:	
Na	me:	Age:	
	me:	Age:	
Nai	me:	Age:	
Nai	me:	Age:	



BACKGROUND INFORMATION

Please share your personal testimony with us in a separate typed document, including the following elements:

- 1. A summary of your personal journey with Christ.
- 2. Your goals for the future, including your life vision and ministry plans.
- 3. Expectations for your time in the School of Ministry Intensive and what you hope to learn.
- 4. Describe your previous ministry training and involvement.

What led you to apply to the GTHOP School of Ministry Intensive?

What local congregation/church are you currently involved with and attending? (If you are not involved with a local church, please explain on a separate sheet of paper.)

Church Name:			Phone :	
City:	State:	Senior Pastor:		
Please describe your	involvement at your local	church:		

Please describe how your church or spiritual family feels about your time with GTHOP for this Intensive:

PERSONAL EVALUATION

What would you consider to be your greatest talents, gifts, and strengths?

What would you consider to be your greatest weaknesses or struggles?



ACKNOWLEDGEMENT AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.
I understand that my program in the Intensive will Include practical ministry training and service to others.
I understand that I must secure funds sufficient to cover all of my personal expenses by the first day of class.
I declare that the information that I have provided in my application is true, accurate, and complete.
I understand that providing false information in my application may be grounds for denial of my application and/or dismissal from the Intensive.
Signature: Date: Date:

APPLICATION FEE:

Please attach a \$25 check to this application or pay the deposit online by scanning the QR code below. Make checks payable to GTHOP, with Intensive Program In the Memo line.

The remaining balance of \$125 will be due on the first day of class, payable online with the QR code below, or by check (made payable to GTHOP).

*Please note that application fees are non-refundable, but are applied towards the total cost of the program, if approved.

