

Application for Admission

FountainGate School of Revival
P. O. Box 1333, Gilbert, AZ 85299-1333
Phone: 602.743.6162 www.fountaingateintl.com

FGSOR

Logo Here

Student picture

INSTRUCTIONS

(please note your application will be returned if submitted incomplete)

1. Please print in ink (use blue or black ink only). PLEASE PRINT CLEARLY.
2. Submit application with \$50 non-refundable application fee.
3. Submit an essay on a separate piece of paper, approximately 1-2 pages, typed (double spaced) which includes your personal and family church background, your salvation experience and your personal growth in Christ, any significant events in your Christian life, and your current involvement in your local church (attendance, serving, outreaches, etc)
4. Please submit a letter of recommendation from your pastor or ministry leader.
5. Please attach a 2 ½ "W x 3"H head and shoulder photograph.

How did you hear about FGSOR?

- Website Flyer Brochure Pastor
 Church Announcement Friend/Family Member, Name: _____
 Christian Bookstore Student/Alumni, Name: _____
 Open House/Presentation Other: _____

BIOGRAPHICAL INFORMATION

Please print or type your full legal name

Name: _____ Social Security # _____
 First Middle Last

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

E-Mail: _____

Citizenship: _____ Place of Birth-City: _____ State: _____ Nation: _____

Date of Birth (mo/day/yr): _____ Gender: M F

Enrollment Fee/Tuition

Enrollment: A **one-time fee** of \$50.00 to be submitted with Student Application along with a voided check.

Tuition Cost: \$3200.00 per semester this does not include room and board

Withdrawals: A student who registers, but is not able to attend classes and withdraws under the proper procedures will be refunded all monies except the \$50 application fee. No withdrawals can be made after 1 month of classes.

Please include a wallet size photo and a copy of your driver's license with this application.

**** The undersigned has read, understood & agreed to the above information ****

Signature: _____ Date: _____

Do Not Write In This Space - For Office use Only

Date Admitted _____

By: _____

FountainGate School of Revival is committed to training and equipping this generation of Christians and Ministers in the highest standard of character, integrity and accountability possible for each individual situation.

I, _____ an active enrolled Student of FountainGate School of Revival do hereby agree to the monthly Tuition Payment of \$ _____. This agreement will remain in effect until my tuition account balance is paid in full. If for any reason I become unable to meet this requirement I agree to contact the college administration staff and inform them of my situation. I understand that 30 days delinquent will disqualify me from receiving new college courses. Should my account become 90 days delinquent, I understand FountainGate Ministries reserves the right to acquire the assistance of a collection agency to collect all monies owed.

Signature _____ Date _____

POLICES AND PROCEDURES

1. Tuition Payments are made by a monthly automatic payment plan with AAC and are to be paid in full within one month of the semester start date.
2. Monthly Account Statements are available through AAC. All tuition may be paid monthly until paid in full.
3. Tuition Rates for Students are based on the going rate.
4. A \$65.00 Referral Credit Discount will be awarded to any Student's tuition for each new person that enrolls as a new student at FGSOR as a result of a referral.
6. Media Orders are required to be paid for at the time the order is placed.
7. A recent student photo MUST be submitted for each students file.

I have read and agree to comply with the Polices set forth in this document.

Signature _____ Date _____

CHURCH AFFILIATION /MINISTRY INFORMATION

Name of the church you currently attend: _____

Address: _____

Pastor's Name: _____ Years in attendance: _____

Are you a member? Yes No Do you attend regularly? Yes No Are you currently serving? Yes No

If Yes Please List and describe the ministries and church activities in which you are currently involved.

If you have attended less than one year, name of previous church and the Pastor of that Church:

Please state the reason you left the previous church:

How long have you been saved?

Less than a year 1 – 5 years 6 – 10 years 11 – 15 years 16 – 20 years 20 plus years

Briefly explain your ministry goals and how you feel SOPM can prepare you. Please use other side of this form if needed.

Identify the area(s) of ministry to which you feel God has called you:

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Apostolic | <input type="checkbox"/> Teacher – Adults | <input type="checkbox"/> Musician | <input type="checkbox"/> Media – TV | <input type="checkbox"/> Helps |
| <input type="checkbox"/> Prophetic | <input type="checkbox"/> Teacher – Youth | <input type="checkbox"/> Praise & Worship | <input type="checkbox"/> Media – Production | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Teacher – Children | <input type="checkbox"/> Dance | <input type="checkbox"/> Media – Sound | <input type="checkbox"/> Business |
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Teacher – Itinerant | <input type="checkbox"/> Drama | <input type="checkbox"/> Media – Graphic Arts | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Missions – Short | <input type="checkbox"/> Missions – Long | <input type="checkbox"/> Other: _____ | | |

Ministerial Resume/Bio: Yes No

What Spiritual Gifts have been identified or confirmed in your life?

EDUCATION HISTORY

High School GED School: _____ Date Graduated: _____

Address: _____

Post Secondary Schools (List in order of attendance)

College/University: _____ City: _____ State: _____

Major/Field of Study: _____ Year Attended/Graduated: _____

College/University: _____ City: _____ State: _____

Major/Field of Study: _____ Year Attended/Graduated: _____

College/University: _____ City: _____ State: _____

Major/Field of Study: _____ Year Attended/Graduated: _____

PERSONAL REFERENCES

Please list three people other than family members who have known you for a year or more. (We may contact them for additional information)

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-Mail: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-Mail: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-Mail: _____

EMPLOYMENT HISTORY

Please list your employment history for the past 10 years beginning with your current employer. From/To

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

FINANCIAL INFORMATION

Are there any circumstances that would cause you difficulty in paying your tuition? And would you like information on fundraising and ideas for generating support? _____

PERSONAL STATEMENTS

CRIMINAL

Have you ever been on or are you currently on probation? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? Yes No

Have you ever been accused, questioned, or investigated for spousal abuse? Yes No

If you have answered yes to any of these questions, please provide details on the back side of the last page of this form.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail: _____

HEALTH

Please rate your health: Excellent Good Fair Poor

Are you currently being treated for a major illness? Yes No Do you have any food or drug allergies Yes No

Have you ever had a nervous breakdown? Yes No Have you ever been treated for an emotional disorder? Yes No

Do you have any disabilities that would require special accommodation? Yes No

Are you currently on any medication? Yes No

If you have answered yes to any of these questions, please provide details on the back side of the last page of this form.

MEDICAL CONSENT

I, the undersigned, do hereby grant full permission to FGSOR or any related or consulting physician to render any emergency medical aid, care or treatment that they deem necessary. I also understand that should extended hospitalization be required, I grant complete permission for such care and treatment to be given. This consent I give freely and voluntarily, full knowing and understanding all the above and its relation to and effect upon me.

Full Name: _____ Signature: _____ Date: _____

Please Print

STATEMENT OF TRUTH

I hereby apply to FGSOR and certify that to the best of my knowledge the information given in this application is correct. If I am admitted I agree to abide by the regulations and standards of FGSOR. I understand that all items submitted to FGSOR as part of this application process become the permanent property of FGSOR and will not be returned. If FGSOR is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Full Name: _____ Signature: _____ Date: _____

Please Print

P. O. Box 1333
Gilbert, AZ 85299-1333
602.743.6162
www.FGSOR.com