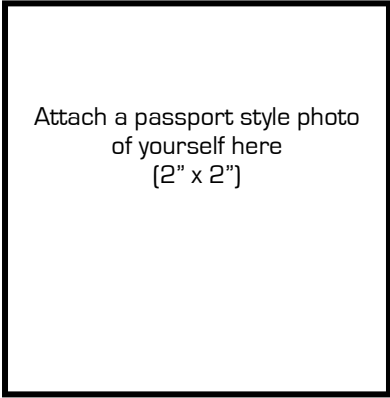




**The Healing Rooms  
School of Supernatural Ministry  
Teaching and Activating a Kingdom Culture**



**2011/2012 Application**

**Mail or Hand Deliver this application to:**  
Healing Rooms School of Supernatural Ministry  
3010 Skyway Drive, Unit C  
Santa Maria, CA 93455

*\* Along with this application please include the \$25 application fee made payable to: The Healing Rooms SMV  
**Application deadline is September 1, 2011***

Please answer all questions. If a question does not apply to you, write N/A.

**PERSONAL INFORMATION**

\_\_\_\_\_  
Last name, First name, Middle name

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

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Please circle one:

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Name of spouse, if married: \_\_\_\_\_

Children (names and ages): \_\_\_\_\_

If married, will your spouse also be attending HRSSM? YES NO

If separated or divorced, please provide an explanation for each marriage and divorce:

\_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Are you a U.S. Citizen (circle one)? YES NO

If not a U.S. Citizen, please explain your visa/immigration status:

\_\_\_\_\_  
\_\_\_\_\_

What is your first language? \_\_\_\_\_

**SPIRITUAL INFORMATION**

When did you accept Jesus Christ as your Lord and Savior?

\_\_\_\_\_

Have you been water baptized (circle one)? YES NO

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4 (circle one)?

YES NO UNSURE

If yes, how do you know you were baptized in the Spirit?

\_\_\_\_\_  
\_\_\_\_\_





**EDUCATION**

Did you graduate from High School (circle one)? YES NO or GED (circle one)? YES NO  
Did you attend college/ university (circle one)? YES NO  
Graduate from college/ university (circle one)? YES NO  
Name of college/ university that you attended: \_\_\_\_\_  
What was your major? \_\_\_\_\_  
Date Graduated: \_\_\_\_\_

**PARENTS - (To be filled out only if applicant is below age 18)**

Father's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**EMPLOYMENT**

Occupation: \_\_\_\_\_  
Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

How did you hear about the Healing Rooms School of Supernatural Ministry (HRSSM)?

Briefly explain why you want to attend HRSSM:

**PERSONAL RECOMMENDATION**

Note: this should not be your pastor; a separate form is included. Please provide the information below of someone who knows you well and would recommend you for this school.

Full Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**FINANCES**

Tuition is \$1,600.00 which includes your student fees, manuals and reading books. There is a \$100 discount available if you pay the full amount up front. A \$100 non-refundable/ non-transferable deposit is due within 10 days of receiving your acceptance letter. If you are not paying the full tuition up front, which payment plan are you choosing (circle one)? Payment Plan A Payment Plan B  
For Payment Plan A, the school administrator will contact you once your application has been approved. For Payment Plan B, a payment of \$700 is due on the first day of school. You will then be expected to pay \$100.00/month due by the 15<sup>th</sup> of each month, starting in October. Are you prepared to abide by these terms (circle one)? YES NO \*A family member discount is also available; the first student pays the full tuition and each additional family member receives a 25% discount.

**AGREEMENT**

I, \_\_\_\_\_, declare that the information provided by me on this application, is true and correct to the best of my knowledge. I authorize the Healing Rooms School of Supernatural Ministry to verify any and all information provided above. I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read all the information and policies pertaining to HRSSM. I accept them and agree to abide by them while a student of the Healing Rooms Supernatural School of Ministry.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_