

#81, 4th Cross Street, Senthil Nagar,
Kolathur, Chennai, INDIA 600099
Ph: +91 44 26501290 / 1390
www.ezekiahfrancis.org
info@ezekiahfrancis.org

Berachah Prophetic Ministries

Raising Miracle Workers and Supernatural Ministers

Dear Applicant,

We are pleased to know of your desire to study at School of the Holy Spirit

Please read the entire prospectus carefully and follow all the instructions before filling the application. See that the following are included along with your completed application form.

- A detailed Personal Testimony **in your own words**. This must not exceed two pages (500 words) and should include the following aspects – conversion experience, call to ministry, previous ministry experience, encouragement you have received from family members and friends for ministry and how you feel Berachah Prophetic Ministries would help fulfill your call.
- Two recent passport size photographs, one pasted to the application form, and the other clipped to the form.
- The Reference Forms, duly filled and signed by the persons you mentioned in your application, sealed in the envelopes provided for the purpose. These must not be from parents, family members or other close relatives.

Fully completed application forms will be processed and reviewed. Eligibility for admission is determined through careful evaluation of all the application materials. Incomplete applications or applications without supportive documents will not be processed for admission.

The Last date for receiving completed applications is January 10. If you do not receive any information by then, you may please contact us.

Please be assured that we will do our best to assist you in the whole process. If you have any questions, please feel free to contact us by email at info@ezekiahfrancis.org or by phone +91-7010078287

We wish you God's guidance as you seek His will for your life.

For School of the Holy Spirit
Berachah Prophetic Ministries

B. Family Information:

Check one: Single Married

If married, Maiden name _____ Spouse's name: _____
Occupation of the Spouse: _____
Children (if any) Names and ages: _____

Father/Guardian

Mother

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

City _____ State _____ PIN _____

City _____ State _____ PIN _____

Country _____ Phone (_____) _____

Country _____ Phone (_____) _____

Email: _____

Email: _____

Brothers and sisters:

Name	Age	Occupation	Has attended BPM	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	Has attended BPM	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	Has attended BPM	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	Has attended BPM	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Nationality _____ Mother Tongue: _____

Languages that you Speak _____ Read _____ Write _____

C. Mandatory Disclosures:

Are you undergoing treatment or under medication for any illness? Yes No

If yes, specify: _____

Are you now or have you ever been treated for substance abuse/addiction? Yes No

If yes, please explain on a separate sheet of paper.

Have you ever been under mental or emotional healthcare? Yes No If yes, please explain on separate sheet of paper what has been the resolution of the care and what on-going care is in process.

D. Academic Information:

Programme	Name and Place of the College/Institution	Medium of Instruction	Year of completion	Class/Division and aggregate %
Schooling				
PUC/PDC/HSC				
Graduation				
Post-Graduation				
Any Other				

E. Christian Experience and Church Affiliation

Have you received Jesus Christ as Lord and Savior? Yes No If yes, when?

Have you received believers' baptism? Yes No If yes, when?

Have you received the baptism in the Holy Spirit (Acts 2:4)? Yes No. If yes, when?

Which church do you presently attend or serve?

Name of the Church and City: _____

Denomination: _____

Name of the pastor: _____ Are you a member of this church? Yes No

What is your denominational affiliation?

What is your present occupation? _____

Have you served in any ministerial capacity in the church or any Christian organisation? Yes No

If so, explain. _____

Pastor / Leader / Guardian Recommendation

To the Pastor / Leader / Guardian

The above individual is applying for admission to **School of the Holy Spirit**. Admission eligibility is dependent upon a careful evaluation of the Pastor / Leader/ Guardian Recommendation. As a ministry training institution, we are training and equipping leaders with power and character to serve the Lord and to be a great support to the local churches. We rely heavily on you, to help us distinguish between those students who are spiritually, socially, and emotionally mature enough to find success here, and those who are not. Therefore, we value your comments very highly and request you to complete this form carefully. This document will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____
2. How long has the applicant been a member of your church? _____
3. Is the applicant related to you? Yes No If yes, in what relationship? _____
4. Does the applicant have any health problems? Yes No If yes, please explain briefly? _____

5. How would you rate the applicant in the following areas: (Please mark with ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Christian Commitment					
Spiritual Maturity					
Christian Character/Testimony					
Attitude to authority					
Ability to study in English					
Sense of Responsibility					
Willingness to learn					
Ability to work with others					
Integrity/Honesty					
Willingness to help others					
Leadership ability					
Relationship with the Family					

6. How would you rate the applicant's financial ability to support himself/herself at SOHS?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
---------------------------------	----------------------	---------------	----------------------

7. If the applicant needs financial help or is unable to pay fees, how and to what extent will your church be able to help?

Take full responsibility	Raise support	Help partially	Not be able to help at all
--------------------------	---------------	----------------	----------------------------

8. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

9. In your opinion, what areas of the applicant's life would need special attention here at SOHS?

10. Would you like us to call you to discuss this student? Yes No

11. **Recommendation:** I strongly recommend I recommend with reservation I do not recommend

Please print the information below about yourself:

Name _____

Name of the church _____ Denomination _____

Position _____

Address:

Street	Town/City	State
--------	-----------	-------

Pincode	Phone	Email
---------	-------	-------

Declaration

I solemnly declare that all the above information is accurate and true to the best of my knowledge. I understand that any false and misleading information given above may lead to disqualification for admission or summary dismissal and that acceptance to School of the Holy Spirit is subject to review and verification of all final records from all institutions I have attended.

If admitted,

- I shall attempt to maintain high academic standards.
- I agree to abide by the Community Life Standards, observe all policies and regulations of BPM and maintain a high standard of Christian conduct both on and off campus. I shall endeavor to balance my spiritual, personal, family, and social life with my academic life in order to faithfully fulfil my responsibilities in all areas of my life.
- I shall accept and abide by the decisions of the administration of BPM, and understand that I may undergo discipline, including the possible termination of my study at BPM, if my behavior, character or doctrine is contrary to the spirit and emphasis of BPM.

Date: _____

Signature: _____