



FOR OFFICE USE ONLY

Application Fee \$25 ____

Quarterly Tuition \$250 ____

CROSSING SCHOOL OF SUPERNATURAL MINISTRY Student Application

Student Number: _____ (when approved)

Please complete this form by **printing**:

Name: _____

Email: _____ Telephone: _____

Cell: _____

Address: _____

City/State: _____ Zip: _____

Are you a member of the Crossing? _____ For how long? _____

If not, what church do you attend? _____

Name of Pastor _____ Phone _____ Email _____

Are you a regular giver to the Crossing? _____

Do you serve at the Crossing? () No () Yes, how? _____

Are you aware of your ministry call? () No () Yes, what? _____

Why do you want to be a part of the Crossing School of Supernatural Ministry?

Have you completed other ministry training? If yes, what and when? _____

Do you need any special accommodations for the classes? _____

In case of emergency, contact: _____

On the back of this sheet, or on a separate piece of paper, share your salvation experience, answering two questions: How did you get saved? How has your life changed since your salvation?

Please email your completed application and salvation story to: CSSM@crossingumc.org. A separate application fee of \$25 (CHECKS ONLY) must be mailed to: The Crossing; Attn: Joe Paoletta; 1895 Wrightstown Road, Washington Crossing, PA 18977. Make check payable to "The Crossing" (write "CSSM application fee" on the memo line). Before acceptance, all applicants will be interviewed.

Date: ____/____/____

Applicant Signature _____