

Application 2023 - 2024

Applicant Information

First Name	Middle	Last Name)	
Address				
Apartment	County	City	City State Work Phone e:	
Home Phone	Cell Phone	Work		
E-mail address:				
	e you applying for (Check On			
□ SFR Year 1 □ SFR `	Year 2 🛛 SFR Year 3 🗆 SFR	R Supernatural Summe	er 🛛 Church Leadership	o School
Gender:	Marital Status:	DOB:	Birth Place:	
Spiritual Backgr	ound			
When did vou accept C	hrist as your personal Savior?	•		
Have you been baptize	d in the Holy Spirit according t	o Acts 1:8 and Acts 2	:4? 🗆 Yes 🗆 No	
Do you attend church re	egularly? □ Yes □ No	D		
What is the name of yo	ur church and are you a meml	ber?		□ Yes □ No
Please state any Christ	ian service you may have don	e		
Education				
High School/GED:		_ Graduated □ Yes	□ No	
College/University :		_ Graduated □ Yes	□ No Highest Deg	Jree:
Certificate Program:		Graduated □ Yes	□ No	
Other:		Graduated □ Yes	□ No	



More Information

Briefly explain why you want to attend Bethel School of Supernatural Ministry

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord) *limit statement to 300 words*

What are you passionate about? limit statement to 300 words

Is there anything you would like to share with us?



Registration Information and Fees

Registration Fee (non-refundable) \$50.00 Date of Payment: _____

Current School Year

- □ Single Student \$800.00 □ Single Student Returning \$600.00
- □ Payment Option 1 Pay in Full
- □ Payment Option 2 50% due with application & 50% by April 2024
- □ Couples \$1,200.00 □ Couples Returning \$800.00
- □ Payment Option 1 Pay in Full
- □ Payment Option 2 50% due with application & 50% by April 2024

Supernatural Summer Curriculum

\$350.00 Date of Payment: _____

- □ *Payment Option 1* Pay in Full
- □ Payment Option 2 50% due with application & 50% by April 2024

Church Leadership School (Oct - June)

- □ \$600.00 □ Group Rate 6 or more members \$500
- □ Payment Option 1 Pay in Full
- □ Payment Option 2 50% due with application & 50% by April 2024



Please note, the first payment on all plans is due by ______. All payments are due, on stated dates set by you. All tuition must be paid in full by graduation.

Withdrawal Policy: If you withdraw before class begins, you will receive 100% refund less your application. If you withdraw after school begins you will receive 50% refund based on a pro-rated basis of the weeks attended and additional fees. After ______ there will be no

Print and Sign:

Your signature below indicates that you understand and agree to the payment terms as listed above.

Printed Name Student 1

Signature

Printed Name Student 2

Signature

Date

OFFICIAL USE ONLY:

Approved by Pastoral Reference:

Printed Name

Approved by SFR:

Printed Name

Signature/Date

Signature/Date

Date of Payment: _____

Form of Payment: _____