

Ellel Ministries USA

Modular School A

Application Form

Thank you for your enquiry about our Modular School (Part A) which provides a series of Short Courses to Vf]b[`i bXYfghUbX]b[`UbX`fU]b[`UVci h`h\Y`bYYXg`cZ`i fh]b[`UbX`k ci bXYX`dYcd`Y. We don't have any pre-set ideas about who is eligible for the School because we want people whom the Lord wants on it. However, a certain amount of information is helpful to us and this is why we are asking you to fill out this application form. If you are a married couple coming on the School, please complete a separate form for each of you.

Please complete all relevant sections of this form. It would be appreciated if you could write clearly and legibly. Please PRINT all essential information.

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Rev/Dr)

Last Name **First Name**

Address

..... **City**

State **Zip Code** **Phone**

Fax **E-mail**

Date of Birth **Sex** Male Female

Marital Status Single Married Divorced Widowed

If married, and would be attending the School alone, would you have your husband/wife's total support? Yes No

Please use this space to summarize how you believe attending this School will benefit your life and/or ministry:

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CHURCH INVOLVEMENT

Home Church Attended (*Please include the name of the Church, denomination and location*)

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Name and Address of Minister

..... Phone

If you are accepted on the School, would you be coming with your minister's support and blessing? Yes No

(If yes, please ask your minister to sign the form in the appropriate place at the end of this form)

If no, please can you give the reason why not

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If you have only recently moved to the above Church please state your reasons for moving

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CHRISTIAN LIFE

How long have you been a committed Christian?

Please *summarize* below your Christian testimony, including your conversion to Christ, your Christian experience since then and your current activities in your Church.

(Please also give brief details of your family background. Outline any serious occult activity which either you or your parents have been involved in, indicating whether or not you have received ministry into these areas.)

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It helps us to know of other training courses or special conferences you have attended of relevance to the subject matter of the School.

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YOUR PERSONAL HEALTH

Have you received or are you currently receiving any medical or spiritual help for emotional or psychiatric difficulties? Yes No

If yes to either, please summarize indicating when the help was received.

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Is help currently being received? Yes No

SCHOOL DETAILS

Please supply names, addresses and telephone numbers of two references who would have known you for at least three years and who would vouch for your suitability to attend the School. One of these should be your pastor and we also ask that you get your pastors signature of support at the bottom of this form.

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Please enclose with this completed application a check (payable to Ellel Ministries) for your non-refundable enrollment fee of \$40. Alternatively, payment can be made by credit card over the phone by calling our office or online. The cost of the 10 modules will be payable at each event.

Please note: *This payment will not be processed until your application has been approved.*

Applicants Signature **Date**

Pastor's Signature of Support **Date**

Please return this form to:
Ellel Ministries USA, 1708 English Acres Drive, Lithia, Florida 33547, USA
Phone: (813) 737-4848 Fax: (813) 737-9051