

BSSM Cleveland

2nd Year Application

Please type responses in the boxes provided. Box will automatically expand as you type.

INFORMATION

First Name:

Last Name:

Birth Date :

Email Address:

Phone Number:

Address:

City, State, Zip:

PERSONAL

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Do you attend church regularly? Yes No

Are you a member? Yes No

How long have you been attending there? _____

Home Church:

Pastor's Name:

Church Address:

Church Phone:

City, State, Zip:

Have you recently left another church? Yes No

If yes, was it a good parting or are there unresolved issues?

HEALTH

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required:

EXPERIENCES

Answering "yes" to the following does not automatically disqualify the applicant from acceptance.

Have you used tobacco in the last 6 months? Yes No

Have you consumed alcoholic beverages in the last 6 months? Yes No

If yes, please explain:

Have you been involved with pornography in the last 12 months? Yes No
If yes, when was the last time and what is your plan for staying pure?

Have you been involved in homosexuality in the last 12 months? Yes No
If yes, when was the last time and what is your plan for staying pure?

Have you been arrested in the last year? Yes No

Were you convicted? Yes No

If yes, please explain:

Have you been involved in the occult, witchcraft, or cults in the past year?

Yes No

If Yes, please explain:

Have you used illegal drugs in the past 12 months? Yes No

If yes, please explain:

Have you been sexually active in the last year? Yes No
If you are unmarried and answered yes, please explain:

EMPLOYMENT

Occupation:
Present Employer:
Address:
Phone:

FINANCES

Tuition is \$2,600 which includes 1 retreat, student binder, and most church wide conferences.

Are you able to pay the tuition? Yes No
If no, please explain:

PURPOSE

Why do you want to attend BSSM 2nd Year?

What do you hope to gain from BSSM 2nd Year?

PAYMENT / SUBMITAL INFORMATION

The application fee is a non-refundable \$25.

After you have completed the form you can return it to us by mail:

- Fill out application form in its entirety.

- Mail the completed form with a \$25 check made out to Bethel Cleveland with BSSM in the memo line.

Upon acceptance, we require a \$100 deposit within 30 days of receiving your acceptance letter.

AGREEMENT

I understand that any falsification of the information on this application is grounds for dismissal at any time. I hereby certify that all information provided is entirely true.

Signature: _____

Date: _____