

# BSSM Cleveland

## 3rd Year Application

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

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### INFORMATION

First Name:

Last Name:

Birth Date :

Email Address:

Phone Number:

Address:

City, State, Zip:

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### 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?

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#### HEALTH

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

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#### 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?

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## FINANCES

Tuition is \$800 which includes student binder, training, guest speakers and most church wide conferences.

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

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Purpose

Why do you want to attend BSSM 3rd Year?

What do you hope to gain from BSSM 3rd Year?

Who are you wanting to intern for and why?

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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.

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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: \_\_\_\_\_