



CROSSWALK

SCHOOL OF DISCIPLESHIP

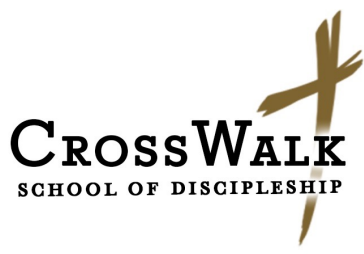
Thank you for your interest in CrossWalk School of Discipleship (CW). If you have any questions as you complete the application for admission, please call 805-450-7421 or e-mail info@crosswalkds.com.

Online Application Process:

- 1) Save application onto your computer and fill out the entire form
- 2) Submit application by attachment in an e-mail
- 3) Submit a recent photo by attachment in an e-mail with the application
- 4) Fill out the top section of the reference forms and send to your pastor (if applicable) and a personal reference

Upon Receipt:

- 1) We will contact you via e-mail or phone. You will be asked to have a phone interview.
- 2) In most cases, we will notify you of your acceptance within 30 days of the completed interview.
- 3) Once accepted, you will receive an e-mail letter of acceptance and/or phone call.
- 4) Upon acceptance, a deposit of \$300 is due within 3 weeks.
- 5) Remaining balance is due upon arrival. *Payment schedules may possibly be arranged.*

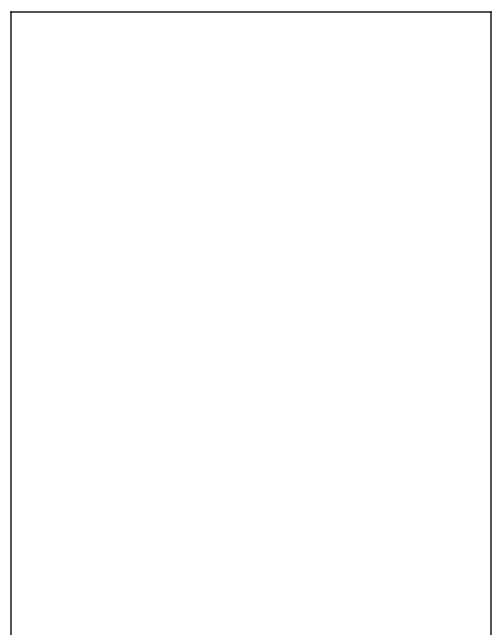


Online Student Application for Admission

This application should be filled out personally by the applicant.

PERSONAL INFORMATION

Your Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Birth Date: _____ Age: _____
Phone: _____
Cell: _____
E-mail: _____



Are you a U.S. Citizen? Yes No

If no, what is your U.S. immigration status? _____

FAMILY INFORMATION

Father: _____ Living Deceased Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Mother: _____ Living Deceased Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

EDUCATION AND MINISTRY BACKGROUND

1. When did you accept Christ?

2. Are you currently involved in a local church? Yes No If no, please explain:

2a: Church Name/Denomination _____

Church City/State: _____

Senior Pastor's Name: _____

2b: How long have you attended? _____

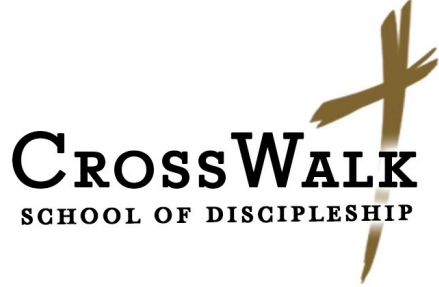
How often do you attend? Regularly Occasionally Rarely

3. Describe your previous ministry training and involvement (if any).

PERSONAL EVALUATION

1. What would you consider to be your talents, gifts and strengths?

2. What would you consider to be your weaknesses?



3: Please assess yourself in the following:

	Uncertain	Weak	Good	Outstanding
Spiritual Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Devotion to Christ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to Correction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working without Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS OR EXPLANATIONS

1. How did you hear about CrossWalk School of Discipleship?

2. Why are you applying to be a part of CW?

3. How do you plan on paying for the full amount of the program fee?

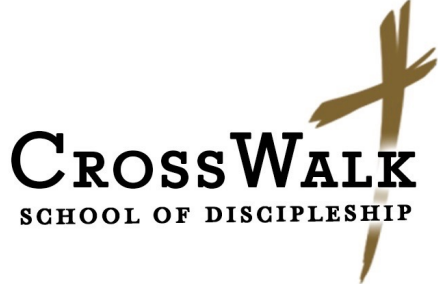
4. CW program fee includes three meals a day and dorm style housing; beyond tuition, how do you plan on supporting yourself for additional expenses?

5. Do you plan on bringing a vehicle to the program? Yes No

PERSONAL TESTIMONY:

Please write your personal testimony. Include the following points:

- 1) A summary of your personal journey in Christ
- 2) Describe any past or present life-controlling (mental, emotional, relational) issues
- 3) Your goals for the future
- 4) Expectations for your time in CW



HEALTH INFORMATION:

Please check if you have had any occurrences (from mild to severe) of the following:

- ADD
- Mild Depression
- Chronic Depression
- Chronic Fatigue Syndrome
- Chronic Pain
- Insomnia (Or other Sleeping Disorders)
- Snoring
- HIV
- Alcohol Abuse
- Drug Abuse (including cigarettes and prescription drugs)
- Long-Term Medication
- Eating Disorders (Bulimia, Anorexia, Diet Obsessive)
- Asthma
- Diabetes
- Seizures

Communicable Diseases: (Please List): _____

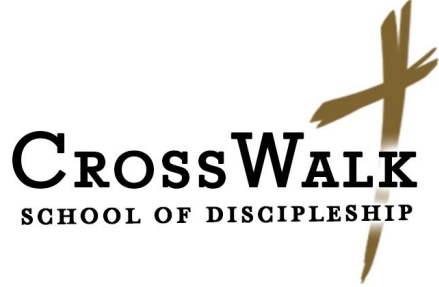
Allergies: (Please List): _____

Other: (Please List): _____

If any of the previous items were checked, please explain.

1. Do you have any physical disabilities or conditions that require special care?..... Yes No
If yes, please explain.

2. Do you have any substance abuse problems or addictions..... Yes No
If yes, please explain.



3. Do you have or have you ever had any life-controlling mental, sexual, emotional or relational issues?

If yes, please explain.

Yes No

4. Have you ever been convicted of any crime, either as a misdemeanor or felony?..... Yes No

If yes, please explain.

5. Have you ever attempted or considered suicide?..... Yes No

If yes, please explain and include when and how you were treated for it.

6. Do you currently wrestle with suicidal thoughts?..... Yes No

If yes, please describe.

7. Are you, or have you ever been, on medication related to psychological problems?..... Yes No

If yes, please explain.

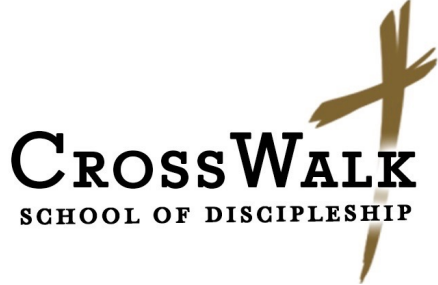
8. Do you have Health Insurance?..... Yes No

If yes, please fill out the following information:

Insurance Carrier: _____

Policy Number: _____

Expiration Date: _____



9. Are you currently on any medications?..... Yes No

If yes, please fill out the following Disclosure of Medications

DISCLOSURE OF MEDICATIONS

CrossWalk School of Discipleship requires that, for the duration of the program enrollment, attendees maintain their prescribed regiment of medication unless directed to change under the supervision of a doctor.

	#1	#2	#3	#4	#5
Name of Medication(s):	_____	_____	_____	_____	_____
Reason for Medication(s):	_____	_____	_____	_____	_____
Dates:	_____	_____	_____	_____	_____
Doctor Name and Phone:	_____	_____	_____	_____	_____

I, _____ agree to continue with the aforementioned medications, throughout my time at the CrossWalk School of Discipleship, as prescribed by my doctor. I realize that failure to keep up with my medications, as prescribed by my doctor, may be grounds for my dismissal.

LEGAL RELEASE *(Please initial after reading each point)*

1. It is hereby understood that CW cannot be held responsible for any personal property left, lost or stolen while I am in the Discipleship School. When leaving the program I will take all personal property with me. I understand that I will not steal any property that does not belong to me.

2. I understand that I must provide my own health insurance coverage. CW will not be responsible to cover hospitalization, visits to the doctor or medications. I release CW from all responsibility, both physical and financial, in the case of accident, injury, illness or other misfortune.

3. I understand that if I damage any property, it is my responsibility to pay the repair or replacement costs for the damaged property.



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4. I give permission to the counselors of CW to divulge pertinent information to the Pastors, Dean, Program Directors and/or any other staff if he/she feels the information is needed for the health and well-being of the student as well as the other students in the program. Please make certain you understand this agreement before signing it, as some confidential information may be revealed for your benefit.
5. As a student of the CrossWalk School of Discipleship, I will not hold CW responsible in the event of an accident, which could result in injury while in a non-ministerial vehicle. Non-ministerial vehicles are described as staff cars, approved volunteer's cars, or students' and/or their family's cars.

ACKNOWLEDGEMENT OF AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.

- I acknowledge that on my integrity all of the above questions have been answered honestly and completely.
- I have read and agree to comply with the CW Guidelines.
- I have read and agree with the CW Statement of Faith.
- I understand that part of CW will include practical ministry training and service to others.
- I understand that I must secure funds sufficient to cover all of my fees before I attend CW.
- I understand that I must secure funds sufficient to cover all of my personal expenses.
- I declare that I have provided true, correct, and complete information on my application
- I understand that CW is not an accredited school

Full Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

(If Applicant is under 18 years of age)

NOTE: Save completed application on your computer and submit as an attachment to info@crosswalkds.com