

**BASIC I STUDENT APPLICATION**  
 Elijah House Facilitated Video School For Prayer Ministry

Circle ALL that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent - Non U.S. Citizen				
Name		Spouse		
Address		Home Phone		
City		Work Phone		
State		Fax		
Zip		Email		
Church		Occupation		Age

1. Which of the following books have you read?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Restoring the Christian Family | <input type="checkbox"/> Transformation of the Inner Man | <input type="checkbox"/> Healing the Wounded Spirit |
| <input type="checkbox"/> Waking the Slumbering Spirit   | <input type="checkbox"/> Deliverance & Inner Healing     | <input type="checkbox"/> Choosing Forgiveness       |
| <input type="checkbox"/> Healing Women's Emotions       | <input type="checkbox"/> The Elijah Task                 | <input type="checkbox"/> Renewal of the Mind        |

2. Length of time attending your church? \_\_\_\_\_ Years \_\_\_\_\_ Months

3. How long have you been a Christian? \_\_\_\_\_ Yrs Date of Salvation \_\_\_\_\_

4. Please give a brief account of when and how you became a Christian.

5. How are you presently serving the Lord?

7. What is your primary reason for attending this school?

I understand that my signature below testifies that all information provided is true, and that I agree to respectfully abide by the determination of Elijah House as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House and any host facility harmless for any of my personal responses to the teachings, small group ministry, and for any costs in time, travel, or other incidentals, should the school be canceled, my acceptance into the school delayed, or I am asked to discontinue the course to seek ministry before continuing at another time.

Applicant's Signature:

Date