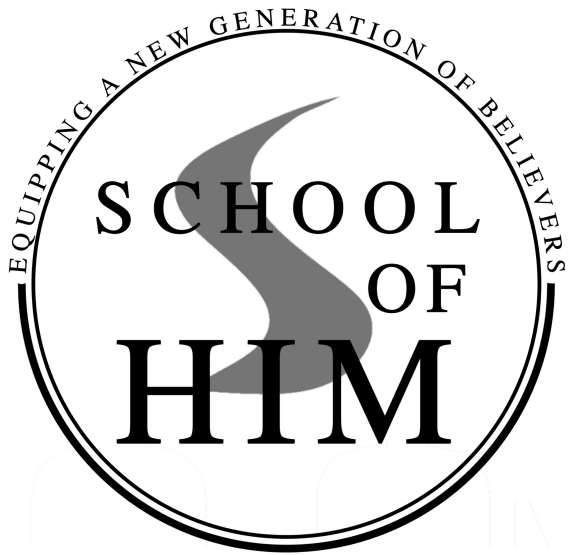


Harvest International Ministries

4000 Arkansas Boulevard
Texarkana, AR 71854
Phone: (870) 774-4446
Experiencehim.org



Please submit and mail to:

Admissions
School of HIM
4000 Arkansas Boulevard
Texarkana, AR 71854

OR scan and email to: admissions@schoolofhim.org

___ 2021-22 Academic Year ___ 2022-23 Academic Year

PERSONAL INFORMATION

Your Name: _____
Last Name, First Name, MI, Maiden Name

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email Address: *(please print legibly)* _____

How did you hear about School of HIM?

Emergency Contact Name: _____ Relationship: _____
Phone: (_____) _____

Are you a U.S. Citizen? ___ Yes ___ No
Gender: ___ Male ___ Female Date of birth: (mm) _____ / (dd) _____ / (yyyy) _____
Marital Status: ___ Single ___ Married ___ Engaged ___ Divorced ___ Widowed/Widower
If married, date of marriage: _____ Name of Spouse: _____
If married, is your spouse in agreement with your attendance to School of HIM? ___ Yes ___ No

CRIMINAL RECORD

Have you ever been convicted of a criminal offense (misdemeanor or felony)? ___ Yes ___ No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

MEDICAL RECORD

Are you presently under the care of a physician? ___ Yes ___ No If yes, please explain: _____

Do you have any physical limitations or learning needs that would require assistance or modifications? (If yes, please explain.)

By signing below, I grant full and complete permission to the School of HIM, its employees, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. I also state that should hospitalization be required, I grant full and complete permission for such care and treatment. This consent I give freely, fully knowing and understanding all the above and its relation to and effect upon me. ___ Yes ___ No

(Signature) Date _____

EDUCATION HISTORY

Highest level of education completed: _____ Date of completion: _____

Starting with high school, list educational institutions attended:

School Name: _____	Dates: _____	Diploma/Degree Received: _____
School Name: _____	Dates: _____	Diploma/Degree Received: _____
School Name: _____	Dates: _____	Diploma/Degree Received: _____
School Name: _____	Dates: _____	Diploma/Degree Received: _____

WORK HISTORY

List your past work experience starting with PRESENT employer.

Name of Employer _____	Position: _____	Dates: _____
Name of Employer _____	Position: _____	Dates: _____
Name of Employer _____	Position: _____	Dates: _____
Name of Employer _____	Position: _____	Dates: _____

FINANCIAL INFORMATION

How do you plan to finance your education at School of HIM?

___ My employment ___ Spouse's employment ___ Parental Support ___ Other: _____

Do you have any dependents for whom you will be responsible? If so, please list their names, ages and relationship.

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

CHURCH INVOLVEMENT

List the name of the church which you currently attend:

Name of Church _____ Pastor _____

Address: _____ City _____ State _____ Zip _____

- Do you attend regularly? ___yes ___no
- Are you a tither? ___yes ___no
- How long have you attended this church: ___ year(s) ___ month(s)
- Are you a member? ___yes ___no

If you have attended your present church less than one year, please list the name(s) of previous church(es), pastor, and dates attended:

Are you: ___ Licensed? ___ Ordained? If so, with what denomination/organization?

What area of ministry do you believe that you are called to? Please elaborate.

Please answer the following questions in your own words.

Why do you want to attend School of HIM?

Please write a brief testimony of your Christian experience, including details of your salvation and any other significant events that have contributed to your Christian growth, including water baptism.

Have you received the baptism of the Holy Spirit with the evidence of speaking in tongues? If yes, please briefly describe what this has meant to you in your Christian growth?

I AGREE

Please indicate your agreement by checking the boxes below:

I have read the **Honor Code**, and I agree to follow these guidelines while I am an active student at School of HIM.

I have read the **Dress Code**, and I agree to follow these guidelines while I am an active student at School of HIM.

I have read **What We Believe**, and I agree to follow these guidelines while I am an active student at School of HIM.

I have read the **Student Financial Responsibility**, and I agree to follow these guidelines while I am an active student at School of HIM.

I understand that if I physically attend School of HIM I will become an active member at Harvest Church TXK while attending School of HIM. (*Special circumstances will be considered for local students.*)

By submitting this application, I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind are grounds for refusal of my application or expulsion, should falsehood be discovered after acceptance into the academic program.

Applicant's Name (*Printed*) _____ Date _____

(*Signature*)

Your application will not be processed until we receive your application fee of \$35 and all required documents.

DOCUMENTATION REQUIRED

- 2 Personal Recommendations
- 1 Pastoral Recommendation
- 1 Picture (head shot, passport style)