

Discipleship School



PLEASE SEND APPLICATION TO

Bryan Neisteter

DIRECTOR OF GOSPEL MISSION DISCIPLESHIP SCHOOL

(204) 325 6388 info@gmdschool.ca

YOUR NAME

First

Middle

Last

CONTACT DETAILS

Permanent Address

Postal Code

Present Address

Postal Code

Cell

Email

PERSONAL DETAILS

Gender: Male Female Age: _____ Birthday: _____

Current Occupation: _____

Previous Occupation: _____

FAMILY

Single Dating Engaged Married Divorced Remarried Common Law

Name of Spouse (if applicable): _____ Number of Children: _____

CRIMINAL RECORD

Do you have a criminal record? Yes No

If yes, please list all previous/current charges:

EMERGENCY CONTACT INFORMATION

First name

Last name

Relation

Address

Work Phone

Phone Number

EDUCATIONAL INFORMATION

Have you completed high school? Yes No

If yes when and where did you graduate?

If no, what grade have you completed? Gr. 9 Gr. 10 Gr. 11 Gr. 12

List any post-secondary education you might have:

HOBBIES/INTERESTS

List a few of your favourite interests or hobbies:

FINANCIAL SUPPORT

Do you have your school fees? Yes No

If not, how much do you presently need? _____

How do you plan on raising the remaining amount? _____

HOME CHURCH INFORMATION

Name of Church

Phone Number

Lead Pastor

PERSONAL QUESTIONS

Describe how you became a Christian, including your present spiritual walk.

What are your talents, strengths, and spiritual gifts that you are aware of?

Are there any areas that you are hoping to grow in personally, spiritually?

What are your reasons for coming to GMDS? What are your expectations of the school?

Please describe your relationship with your mom, dad, and siblings.

Please describe your involvement/relationship with your home church.

PERSONAL INFORMATION

Do you have any physical limitations, learning disabilities, or pre-existing medical conditions or food allergies?

Yes No If yes, please describe: _____

Are you currently taking any medication?

Yes No If yes, please describe: _____

Have you used non-medicinal drugs including marijuana?

Yes No If yes, when was the last date of usage? _____

Have you smoked tobacco?

Yes No If yes, when was the last date of usage? _____

In the last year have you consumed alcohol for the purpose of intoxication?

Yes No If yes, when was the last date? _____

REFERENCES

Please list 3 references for us to contact, only one may be a relative.

Spiritual Leader

Full Name

Email

Phone Number

Work Phone

Other

Full Name

Email

Phone Number

Work Phone

Other

Full Name

Email

Phone Number

Work Phone