



Student Application Form

September 2016 - June 2017

Date: *You are applying for Level 1 2 3 4 (*see note below)

Applicant's Name: Gender: M F

Phone: Cell: Date of Birth:

Address: E-Mail:

City: Prov: Postal Code:

Church currently attending: Years Attended:

Have you completed any previous Bethel DVD Ministry school? Yes No

If Yes, what was the name of the school what year completed

How did you hear about Windword School of Ministry?

Have you had any experiences/training with ministering in the Supernatural (i.e. Healing Rooms Ministry)? Yes No

If Yes, please describe:

Signature:

*The Windword School of Ministry program Level 1 and Level 2 is first year BSSM. Level 3 and 4 are second year BSSM.

**School Fees per year: \$550 (including notes) per student, \$250 (including notes) per additional immediate family member living at home. School fees are due at the beginning of the school year. Fees may also be paid in 3 instalments over the school year however the fees would then be \$600 per student and \$300 per additional family member. The instalments would be \$200, 200 & 200, and/or \$100, 100 & 100 due September, November & March.

1) If this is your first time enrolled in WinSOM please have your pastor fill out the "Pastor's Letter of Reference" and mail it directly to Windword. (If this is a concern, please contact Windword)

2) Attach to this application a brief testimony of your Christian walk with Christ and what you're hoping to Spiritually accomplish from attending Windword School of Ministry.

3) Please send completed Registration Form and preferred method of payment to:

Windword Church

P.O. Box 144 Abbotsford, BC

V4X 3R2

School Location: Windword Church, 26460 52nd Avenue Langley (Aldergrove), BC

P: 1.604.302.2800 E: info@windword.ca

To be filled out by Staff. Money received for School Fees:

Date: _____ Cash (Amount) \$ _____ and/or Cheque (amount) \$ _____ Cheque # _____

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Date: _____ Cash (Amount) \$ _____ and/or Cheque (amount) \$ _____ Cheque # _____

Credit Card Option: # _____ Expiry _____ CSC # _____

Staff Signature: _____