



Name: _____

Date: ___/___/___

Affix
Photo
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Phone number: (____) _____

Address: _____
Street City Zip

Date of Birth: _____ Email: _____

Marital Status: Single Married Divorced Separated Widowed

If married, will your spouse be attending school? YES NO

Are you a Christian? YES NO

If yes, when did you accept Christ? _____

Have you been baptized in the Spirit according to Acts 1:8; 2:4? YES NO

If yes, when? _____

Describe your relationship with God: (Use extra paper if necessary)

What church do you currently attend? _____

For how long? _____

How often? Weekly 2-3 times/month monthly other _____

Are you a member? YES NO

Senior Pastor's name: _____

Have you recently left another church? YES NO When? _____

Are you actively serving/volunteering in ministry? YES NO

Please describe your involvement:



Family

Parents' names: _____ Phone #: (____) _____

Name of spouse: _____ Spouse's Birth Date: _____

Children (names and ages): _____

Education: List all schools attended starting from high school

School Name	City, State	Year Graduated/Degree/Major
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Employment: Please list all work experience

Employer	Job Title	# of Years Worked
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

What type of Christian service have you done?



Answering "YES" to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you used tobacco in the last six months? YES NO

Have you drunk alcoholic beverages in the last six months? YES NO

If yes, please explain: _____

Have you been involved with pornography in the last 12 months? YES NO

If so, when was the last time, and what are you doing to remain pure in this area?

Have you been involved in homosexuality within the last 5 years? YES NO

If so, when was the last time? And please explain what God has done to restore you:

Have you ever been arrested? YES NO

If yes, when? Please provide a brief explanation:



Were you ever convicted? YES NO

If yes, when and where? Please provide a brief explanation:

Have you ever been involved in the occult, witchcraft, or cults? YES NO

If yes, please provide a brief explanation:

Have you used illegal drugs in the last year? YES NO

If yes, please explain:

Have you been sexually active in the last year? YES NO



Personal Recommendation *(No Family or Relatives please, forms available online)*

Name: _____ Phone #: (____) _____

Address: _____

Email Address: _____

Pastoral Recommendation *(No Family or Relatives please, forms available online)*

Name: _____ Phone #: (____) _____

Address: _____

Email Address: _____

The non-refundable application fee is \$35. Please select your payment method.

Cash

Check (made payable to PIHOP)

Return application and payment to PIHOP. If accepted, a \$200 deposit is due within 14 days of receiving your acceptance letter.

I certify that the responses given on this application are true and accurate. I understand that any falsification of the information on this application is grounds for dismissal.

Print Name

Signature

Date