



A \$35 nonrefundable application fee must be submitted with this form.

Return applications to:

DCSM
2157 N Prospect Ave
Springfield, MO 65803

Date: _____ First Name: _____

Last Name: _____ Middle Initial: _____

I would like to attend DCSM Classes in person.

I would like to attend DCSM Classes Online.

How did you hear about us? (*Circle any that apply*) Friend Church Facebook Other

If a friend referred you, tell us who so we can thank her/him.

Why do you want to attend DCSM? _____

CONTACT INFORMATION

Address: _____

City/State: _____ Zip: _____ Country: _____

Mailing Address: (if different from above)

Street Address/P.O. Box: _____

City/State: _____ Zip: _____ Country: _____

Phone: _____ Is Text, Okay? Yes _____ No _____

Email _____

U.S. Citizen? Yes _____ No _____ If no, country of citizenship: _____

Birth day: _____ Are you married, single, or divorced? (*Circle One*)

If married, what is your spouse's name? _____ Children?

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Address: _____

City/State: _____ Zip: _____ Country: _____

Phone Number: _____

WHERE ARE YOU CONNECTED?

Do you have a home church? Yes ___ No ___ If yes, please provide the following:

Home Church: _____

Street Address: _____

City/State: _____ Zip: _____ Country: _____

Pastor: _____ Phone: _____

Are you actively involved in a ministry? Yes ___ No ___ If yes, please provide the following:

Name of Ministry: _____

How are you participating in this ministry? _____

GETTING TO KNOW YOU, YOUR TESTIMONY

Are you born again? Yes ___ No ___

Have you been filled with the Holy Spirit? Yes ___ No ___

Do you have any physical or intellectual limitations that may hinder your learning experience?

Yes ___ No ___ If so, how may we accommodate you? _____

Have you ever been convicted of a felony? Yes ___ No ___

** Being convicted of a felony does not disqualify you from acceptance into Dayspring Church School of Ministry. Please contact Teresa or Kevin Snyder to discuss.*

Are you willing to go through one or more inner healing session(s) if recommended by a DCSM Leader?

Yes ___ No ___

**Responding "No" does not disqualify you from acceptance into Dayspring Church School of Ministry.*

Please describe your Christian experience; how you came to know the Lord and your present walk with the Lord. Use another page or the back of the last page if you run out of room.

Do you feel called to a particular aspect of ministry or service? (pastoral care, missions, children/youth, education, etc.)

Please sign and date.

Applicant's signature
(if the applicant is under 18, a parent or guardian signature is required)

Date

Send the completed application along with your **\$35 non-refundable application fee** to

DCSM
2157 N Prospect Ave
Springfield, MO 65803.

Please give the pastoral reference to your home church pastor or mentor. They are to complete and deliver the pastoral reference to DCSM's address noted above within 45 days of the date of your enrollment.

The application and pastoral reference may be submitted separately.

We look forward to seeing you in class.

Blessings,

DCSM

Please select an option:

I would like DCSM to include the Module #1 book bundle in the cost of tuition for this semester.

I will purchase my books.

Prepaid book bundles will be available for pick-up at orientation and the first night of class.