



Return applications to:

DSSM
2157 N Prospect Ave
Springfield, MO 65803

Student Application

Date: _____ First Name: _____

Last Name: _____ Middle Initial: _____

How did you hear about us? (Circle any that apply) Friend. Church Facebook Radio
If a friend referred you, tell us who so we can thank her/him?

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: _____

Birthday: _____ 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: _____ Email: _____

CHURCH INFORMATION

Home Church: _____

Street Address: _____

City/State: _____ Zip: _____ Country: _____

Pastor: _____ Phone: _____

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

Applicant's signature

(if applicant is under 18, parent or guardian signature)

Date

Send the completed application to DSSM, 2157 N Prospect Ave, Springfield, MO 65803.

Please give the pastoral reference to your home church pastor or mentor and request the form be completed and returned to DSSM's address noted above.

We look forward to seeing you in class.

Blessings,

The DSSM Team