



Return application with \$35 registration fee to:

DSSM
2157 N Prospect Ave
Springfield, MO 65803

Student Application

Date: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

- I would like to attend DSSM Classes In-Person.
I would like to attend DSSM 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?

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: \_\_\_\_\_



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

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\_\_\_\_\_  
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.
- Enclose the one-time \$35 registration fee.
- 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.

\*Early bird registration (\$50 discount) ends on the first day of class.

We look forward to seeing you in class.

Blessings,

DSSM Team