



Return applications 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: _____

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