



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

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.

\_\_\_\_\_

Why do you want to attend DSSM? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_

**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 \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

*\* Being convicted of a felony does not disqualify you from acceptance into Dayspring School of Supernatural Ministry. You are to immediately contact Teresa Snyder or Kevin Snyder.*

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

Yes \_\_\_\_ No \_\_\_\_

*\*Responding "No" does not disqualify you from acceptance into Dayspring School of Supernatural 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

DSSM  
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 DSSM'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,

DSSM

**Please select an option:**

\_\_\_\_\_ I would like DSSM 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.***