



LAGUNA NIGUEL, CALIFORNIA - 2005

Application process is as follows:

1. This application package consists of three sections. **We require that you complete and return each section in one packet.**

Section A

- Application
- Photograph
- Medical History

Section B

- Life History

Section C

- Personal References
- Pastor Recommendation

2. If you are enrolling in the first year program or individual trimester, please complete and submit the above three sections **no later than August 22, 2005**. Late applications may need to wait until the start of the following trimester. Please mail your application to:

**Attn: Office of Administration
Kingdom School of Ministry
27632 El Lazo
Laguna Niguel, CA 92677**

3. Once we have received your application, our team will review it and we will notify you of your acceptance within days of receiving your application.
4. Upon acceptance, a letter and packet will be mailed with details of the upcoming trimester dates and school information.
5. Please email our office at cliff@vccgn.org if you have any questions during the application process. If you do not have an email account, please make every effort to establish one, as this is how we will correspond with you.

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KSOM ADMINISTRATION

Mike Hudgins, Senior Pastor and Director	cliff@vccgn.org
Cliff Capehart, Administrator	cliff@vccgn.org
Kent Larson, Director of Track 1- Kingdom Heart	klarson@vccgn.org
Mike Hudgins, Director of Track 2- Kingdom Community Life	cliff@vccgn.org
Mike Hudgins/Cathy Greer, Director of Track 3- Kingdom & the Nations	cgreer@vccgn.org
Bruce Stratton, Director of Track 4- The Word & the Kingdom	bruce@vccgn.org

FINANCIAL INFORMATION 2005-2006

Course Options

There are full-time and part-time options for taking KSOM classes. Full-time involvement lasts from September through June with an optional overseas mission trip in July 2006. Part-time options include taking one or more Tracks or one or more classes within a track. Track Four is made up of Intensives offered throughout the year. Intensives can be taken separately.

Course Tuition

Full-Time Students (Includes all 4 Tracks, textbooks, city outreaches and Mexico trips).....	\$2,200.00
Individual Tracks 1- 4.....	\$ 800.00
Weekend Intensives for Track-4.....	\$ 100.00

Other Expenses

Expenses not covered by tuition: Cost of overseas mission trip (est. \$2,200.00), living, transportation, medical, insurance and incidental expenses.

Scholarships

The School of Ministry is a non-profit organization. Due to limited finances; applicants will need to submit a letter of request in your application package for review.

Withdrawal/Refund Policy

Any student who wishes to withdraw from KSOM must arrange an appointment with the Track Director to discuss the reason for withdrawal from the school. Students may receive a partial refund of tuition if they have submitted the appropriate documentation for withdrawal and received a release letter from the Track Director. All refunds will be made by check.

POLICIES

Expectations and Values:

KSOM students are expected to maintain a high degree of personal integrity and conform to a Biblical standard for morality. Matthew 18: 15-17 serves as a general guideline for matters of discipline. Because students are training for leadership, for whom a stricter judgment is reserved (James 3:1; 1 Tim. 5:20), students may be dismissed or temporarily suspended from their programs even when the final step of church discipline would not be appropriate.

Because KSOM students are among those who aspire to become leaders, self-discipline and self-maintenance are greatly encouraged and emphasized. Students should be responsible not only to conduct their public lives in a manner worthy of the Gospel, but should regularly cultivate a life with God in secret through personal spiritual disciplines and the sanctifying influence of the Holy Spirit.

Attendance:

Students are expected to attend classes regularly and punctually. During the course of this program, the maximum number of absences permitted is four days. Exceptions to this policy will be made for extreme circumstances and emergencies only. If a student's absences total more than 4 days, he or she will not receive a Certificate of Completion, but may still attend classes.

Discipline of Students:

The KSOM environment of freedom requires a high level of self-management. Any student struggling to make wise choices will receive quick and direct confrontation. These encounters are designed to help students draw out the greatness within them. Our staff and pastoral teams are trained and empowered to apply strength and grace wherever our students may need it.

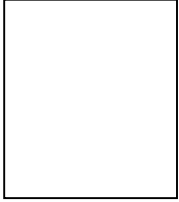
2005 FALL ACADEMIC CALENDAR

Fall Trimester 2005	14 weeks	Weekend Intensives/Conferences
Sept. 6-9	Life in the Spirit	
Sept. 9-10		Student Welcome Retreat
Sept. 13-16	Life in the Spirit	
Sept 20-23	Receiving the Father's Love	
Sept. 27-30	Receiving the Father's Love	
Sept. 30- Oct.1	The Word & The Kingdom	Intensive weekend-Part 1
Oct. 4-7	Receiving the Father's Love	
Oct. 11-14	Healing Life's Hurts	
Oct. 14-16		Intensive Healing Retreat
Oct. 18-21	Healing Life's Hurts	
Oct. 25-28	Worship School	Don and Christine Potter
Oct. 28-30		Seek the Lord Conference
Nov. 1-4	Hearing the Voice of God	Jack Deere
Nov. 4-6	The Word & The Kingdom	Intensive weekend-Part 2
Nov.8-11	Embracing the Bridegroom God & The Glory of Intercession	
Nov. 15-18	Embracing the Bridegroom God & The Glory of Intercession	
Nov. 22-25	Intercessory Worship	Thanksgiving Week
Nov. 29- Dec. 2	Prophetic Activation	
Dec. 2-4	The Word & The Kingdom- Gospel of Matthew	Intensive weekend
Dec. 6-9	Prophetic Activation	
Dec.10 – Jan. 9		Christmas break begins
Christmas Break		
Winter Trimester 2006	Classes begin Jan. 10, 2006	

School of Ministry

APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS



Place one photo here (Please enclose a second photo)

Date of Application: M____D____Y_____

Section A

PERSONAL INFORMATION

Name: (Mr., Mrs., Miss.) _____

Name, as you'd like it to appear on a name badge: _____

Country as you'd like it to appear on a name badge: _____

Telephone numbers:

Home# _____ Work# _____

Fax# _____ E-Mail _____

Current Address:

Permanent Address:

(Please print as it would appear on a mailing label for your country)

Emergency Contact

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

PLEASE READ FIRST

Welcome to the student application for the KSOM School of Ministry. Please carefully read and check the appropriate information.

TRACK 1 – KINGDOM HEART	Complete sections	A, B, C
<input type="checkbox"/> Spring <input type="checkbox"/> Fall Year _____		

TRACK 2 – KINGDOM COMMUNITY LIFE	Complete sections	A, B, C
<input type="checkbox"/> Spring <input type="checkbox"/> Fall Year _____		

TRACK 3 – KINGDOM & THE NATIONS	Complete sections	A, B, C
<input type="checkbox"/> Spring <input type="checkbox"/> Fall Year _____		

TRACK 4 – THE WORD & THE KINGDOM	Complete sections	A, B, C
<input type="checkbox"/> Spring <input type="checkbox"/> Fall Year _____		

KINGDOM SCHOOL – ALL 4 TRACKS	Complete sections	A, B, C
<input type="checkbox"/> Spring <input type="checkbox"/> Fall Year _____		

Section A Personal Information

Section B Life History

Section C References

Are you considering doing more than one Track? If so, which one? _____

How did you hear about this School? Friend Conference
 Advertisement Webpage
 Other _____

Section A

PERSONAL INFORMATION

Family Details

Birth date: M ___ D ___ Y ___

Age: _____

Sex: Male

Female

Status: Single

Engaged

Married

Remarried

Divorced

Separated

Widowed

(On a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried, widowed or are engaged)

Spouse's name: _____

Birth date: M ___ D ___ Y ___

Age: _____

Nationality: _____

Birth place: _____

Date of Marriage: _____ *(prospective date if engaged)*

Names and ages of your children:

Passport and/or Drivers License information

Name on passport and/or Drivers License _____

Citizenship _____

City or Country where Passport and/or Drivers License was issued

Passport/ Drivers License number _____

Date of issue M ___ D ___ Y ___

Expiration Date _____

Nationality _____

Birthplace _____

Do you have a criminal record? Yes No

(This question is for immigration purposes only)

Health Insurance Numbers

Health Insurance # _____

Health Insurance Company _____

Section A

HEALTH FORM

TO THE APPLICANT: This information will be treated confidentially and separately from your academic records.

Name _____

Social insurance / Security number _____

Citizen of _____

Medical insurance number _____

Please briefly explain your medical insurance coverage _____

Medical coverage is **essential** if you come from a country other than United States. If you are accepted into the school and do not currently have medical insurance this **MUST** be arranged **BEFORE** arriving in the United States.

PERSONAL HISTORY

Please answer all the following questions.

Have you ever had, or do you have, any of the following? If yes, please give the details on a separate sheet. Please tick as Yes in the following slots.

- | | | |
|--|--|--|
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Head injury | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Intestinal problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Recurrent diarrhea |
| <input type="checkbox"/> Recurrent headache | <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Mental / nervous disorder |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Venereal disease | <input type="checkbox"/> Stomach / duodenal ulcer |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Tumor /cancer | <input type="checkbox"/> Gall bladder problems |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Surgery | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Tonsillectomy | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hernia repair |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Allergies, including food allergies | <input type="checkbox"/> Other |

Are you at present under the care of a doctor for any condition?

If Yes, please specify: _____

Yes No

Are you taking any medication at this time?

If Yes, please specify: _____

Yes No

Are you allergic to any medications?

If Yes, please specify: _____

Yes No

Do you have a history of emotional instability or psychiatric treatment?

If Yes, please specify: _____

Yes No

Do you now, or have you ever, received compensation for disability from any source?

Yes No

If Yes, please specify: _____

Do you have any physical impairments, handicaps or health conditions which require special attention including food allergies? Yes No

If Yes, please describe: _____

What is your blood type? _____

Are you under weight Yes No

Are you over weight Yes No If so, by how much? _____

How would you rate your health?

Excellent Good Fair Poor

COMMUNICABLE DISEASES / FAMILY HISTORY

Have you ever had any of the following?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Pertussis (whooping cough) | |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Convulsions | |

Section A

RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant Name: _____

If applicant is under 18 years of age, a Parent or a Guardian must sign all portions of this form.

Parent or Guardians Name: _____

Relationship to Applicant: _____

Parent / Guardians Signature: _____ Date: _____

Release of Liability

I/We do hereby release The Kingdom School of Ministry, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with the Kingdom School of Ministry.

Applicant, Parent or Guardian Signature: _____ Date: _____

Signature of parent or guardian, if applicant is under 18 years of age.

Consent For Treatment

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I/We agree to meet any and all medical expenses that are incurred during the course of involvement with Kingdom School of Ministry.

Applicant, Parent or Guardian Signature: _____ Date: _____

Signature of parent or guardian, if applicant is under 18 years of age.

Financial Responsibility.

I / We understand that the payment of the required school tuition fees must be made in US funds prior to or upon my arrival. Payment must be made in full. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with the Kingdom of School Ministry. I/we understand that graduation from the School of Ministry is not granted until all outstanding payments have been received.

Applicant, Parent or Guardian Signature: _____ Date: _____

Signature of parent or guardian, if applicant is under 18 years of age.

Agreement to abide by School Guidelines & Structure.

If I am accepted I _____ will abide by the rules, commitments and schedules of the school including:

1. All book reports, assignments, assessments and exams.
2. Arriving at all school functions and commitments on time.
3. Practical help around the school and church.
4. All training sessions, classes & workshops that are a designated part of my course of study.
5. Personal development of my gifting and talents as related to my course of study.
6. All ministry & outreach opportunities I am required to participate in.

Applicants Signature: _____ Date: _____

I certify that all the information in this application is complete and accurate.

Applicant, Parent or Guardian Signature: _____ Date: _____

Signature of parent or guardian, if applicant is under 18 years of age.

Section B

LIFE HISTORY

Please answer the following questions in a clear printing style or typed using your computer. Please do not write. Answer as completely as possible.

Spiritual growth

- a. Outline your conversion and the events and steps leading up to that time.
- b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
- c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, and devotions with spouse and family. Are you meeting your expectations for personal spiritual growth?

Relationships and experience

- d. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- e. Please take one full page each to describe your relationship with your mother and your father.
- f. Briefly describe your relationship with the rest of your family.
- g. How does your family feel about your intentions to attend the School of Ministry?
- h. What languages do you speak and how proficiently?

❑ **Goals and expectations**

- i. Comment briefly on the circumstances that led up to your decision to apply for this school.
- j. What are your reasons for wanting to attend this school? Please include spiritual and ministry goals, missionary and church service goals, which you hope the school will help you fulfill.
- k. Briefly, what are your plans following the school?

❑ **God's work**

- l. How do you know that the Holy Spirit is working in your life?
- m. Have you ever experienced a miracle in your life? Please describe it.
- n. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?

We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the school.

Please answer in detail. One sentence is not sufficient

1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:

a. alcoholic beverages,

b. tobacco,

c. "soft drugs" (e.g. marijuana)

d. "hard drugs" (cocaine, heroin, chemicals).

1. Have you ever had psychiatric treatment? If so, please describe the treatment received, dates, and any lingering difficulties.

2. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:

a. the occult;

b. a cult or sect, (new age, eastern mysticism, naturalistic philosophies Mormonism, Jehovah's Witnesses, etc.);

c. heterosexual sin, including pornography and promiscuity;

d. homosexual activity;

e. compulsive behaviors, (shopping, eating, washing, scratching, etc.);

3. Do you have a history of abuse? Either verbal, physical, emotional or sexual.

Section C

REFERENCE FORMS

We require

2 x Friend / Co-Worker references

1 x Pastor reference

Your application will NOT be processed until we receive all your reference forms. Please ensure that all your referees complete and send them into our office as soon as possible.

References - Friend / Co-worker

Please list the people to whom you gave your reference forms.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church _____

Denomination _____

Pastor's Name _____

Address _____

Phone _____ Fax _____

(You may have to ask your pastor.)

Yes No

Is your Pastor in agreement with your plans?

Yes No

How long have you attended this church? _____

What size is the church? _____

How would you describe your relationship with your pastor?

Kingdom School of Ministry

FRIEND / CO-WORKER Reference Form

Name of Applicant _____

The above applicant has applied to attend a leadership-training program with the Kingdom School of Ministry Christian in one of the following tracks.

- Track 1 – Kingdom Heart
- Track 2 – Kingdom Community Life
- Track 3 – Kingdom and The Nations
- Track 4 – The Word and The Kingdom
- The Kingdom School of Ministry – All 4 Tracks

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Your name _____

Address _____

Phone _____ **Occupation** _____

1) What is your relationship to the applicant, (leader, friend)?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness (es)?

5) How do you think the School of Ministry will aid the applicant's development?

6) What ministry or spiritual gifts have you observed in operation in the applicant?

7) Have you any reservations about the applicant attending the School of Ministry?

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain, including how it was resolved.

9) Please rate the applicant's ability to get along with his or her peers:

- Outstanding Excellent Good Fair Poor

10) Please rate the applicant's ability to relate to authority:

- Outstanding Excellent Good Fair Poor

11) Please rate the applicant's ability to relate to unbelievers:

- Outstanding Excellent Good Fair Poor

12) Please rate the applicant's leadership skills:

- Outstanding Excellent Good Fair Poor

13) Please rate the applicant's ability to overcome adversity:

- Outstanding Excellent Good Fair Poor

Signature _____ Date _____

Please direct all forms to:
KINGDOM SCHOOL OF MINISTRY
27632 El Lazo, Laguna Niguel, CA 92677
(949-425-3787 ext. 333)

Kingdom School of Ministry

FRIEND / CO-WORKER Reference Form

Name of Applicant _____

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- The Kingdom School of Ministry – All 4 Tracks

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Your name _____

Address _____

Phone _____

Occupation _____

14) What is your relationship to the applicant, (leader, friend)?

15) How many years have you known the applicant?

16) What do you perceive to be the applicant's best qualities?

17) What do you perceive to be the applicant's greatest weakness (es)?

18) How do you think the School of Ministry will aid the applicant's development?

19) What ministry or spiritual gifts have you observed in operation in the applicant?

20) Have you any reservations about the applicant attending the School of Ministry?

21) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain, including how it was resolved.

22) Please rate the applicant's ability to get along with his or her peers:

- Outstanding Excellent Good Fair Poor

23) Please rate the applicant's ability to relate to authority:

- Outstanding Excellent Good Fair Poor

24) Please rate the applicant's ability to relate to unbelievers:

- Outstanding Excellent Good Fair Poor

25) Please rate the applicant's leadership skills:

- Outstanding Excellent Good Fair Poor

26) Please rate the applicant's ability to overcome adversity:

- Outstanding Excellent Good Fair Poor

Signature _____ Date _____

Please direct all forms to:
KINGDOM SCHOOL OF MINISTRY
27632 El Lazo, Laguna Niguel, CA 92677
(949-425-3787 ext. 333)

Kingdom School of Ministry

PASTOR'S Reference Form

Name of Applicant _____

- Track 1 – Kingdom Heart
- Track 2 – Kingdom Community Life
- Track 3 – Kingdom and The Nations
- Track 4 – The Word and The Kingdom
- The Kingdom School of Ministry – All 4 Tracks

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name _____

Home Church _____

Denomination _____

Address _____

Phone _____

Fax _____

- 1) How long have you known the applicant? _____ Month(s) Year(s)
What is your position in the church? Pastor Elder Other _____
- 3) How well do you know the applicant? Very well Well Casually
- 4) Were you aware of the applicant's intention to participate in this training program prior to receiving this form? Yes No (*comments*) _____

5) Are you happy with his/her intentions?

6) In what activities has the applicant participated since attending your church?

7) Has he/she shown effectiveness in these activities?

8) Does the applicant tithe regularly to the church?
 Yes No Unsure

9) Upon your observation, do you see the applicant as financially responsible?
 Yes No Unsure

10) In your association with the applicant, what has been the level of commitment you have seen?
 Faithful Inconsistent Other (*comments:*) _____

11) This is an evaluation of the applicant's overall characteristics. *Please tick one for each category.*

Responsiveness to others

- slow to sense how others feel
- unusually sensitive and understanding
- reasonably responsive
- understanding and thoughtful

Physical Condition

- excellent health
- average health
- frequently ill

Intelligence

- excellent intellectual capacity
- average mental ability
- learns and thinks slowly

Relationships

- sought out by others
- liked by others
- tolerated by others

Christian experience

- mild but genuine
- relatively superficial
- rich and growing
- over emotional

Leadership Ability

- leads naturally
- tries but lacks ability
- has some leadership promise
- makes no effort to lead

Willingness to serve

- eager to serve as needed
- co-operative when asked
- reluctant to serve

Teamwork

- works well with others
- reasonably cooperative
- insists on having own way

Achievement

- takes initiative
- meets average expectation
- starts but does not finish

Ability to follow

- appropriately submissive
- follows blindly
- cooperative
- resistant to direction

How does the applicant usually react to trying situations?

- withdraws
- gets discouraged
- gets angry
- meets constructively
- accepts patiently
- other (*explain*).....

Evaluation of applicant's emotional maturity.

- Outstandingly mature. Has a proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

Additional Comments: _____

12) Please comment on areas of weakness you might be aware of.

13) To your knowledge, has the applicant ever been arrested for any offense?

- Yes No *If yes, please explain:*

14) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- Yes No *If yes, please explain:*

15) To your knowledge, has the applicant been involved in any of these areas? Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, and compulsive behaviors.

- Yes No *(If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restoration.)*
- Please check here (If, you feel that you cannot answer this question in writing, we would be happy to speak with you personally. All answers are confidential.)**

16) Please comment on the family background.

17) Overall, what do you consider to be the applicant's strong points? (Include special abilities)

18) What changes have you noticed in the applicant's life during this current move of the Spirit?

19) What could the Kingdom School of Ministry do to aid the applicant's development?

20) Do you recommend this person for admission to this training program?

To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature _____ Date _____

Thank you for your time and help with this application. Please send this confidential reference form directly to: Please direct all forms to:

KINGDOM SCHOOL OF MINISTRY, 27632 El Lazo, Laguna Niguel, CA 92677.

Questions contact Cliff Capehart at 949-425-3787 ext. 333.

