

**ELIJAH HOUSE SCHOOL OF PRAYER MINISTRY**  
**STUDENT APPLICATION (Page 1 of 2)**

Circle <b>ALL</b> that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent - Non U.S. Citizen			
Name		Spouse	
Address		Home Phone	
City		Work Phone	
State		Fax	
Zip		Email	
Church		Occupation	Age

**1. Which of the following Elijah House books have you read?**

- |  |  |
|--|--|
| <input type="checkbox"/> Restoring the Christian Family      | <input type="checkbox"/> Transforming of the Inner Man   |
| <input type="checkbox"/> God's Power to Change               | <input type="checkbox"/> Letting Go of Your Past         |
| <input type="checkbox"/> Growing Pains                       | <input type="checkbox"/> Deliverance and Inner Healing   |
| <input type="checkbox"/> Elijah Task                         | <input type="checkbox"/> Healing the Wounded Spirit      |
| <input type="checkbox"/> Transformation of the Inner Man     | <input type="checkbox"/> Life Transformed                |
| <input type="checkbox"/> The Renewal of the Mind             | <input type="checkbox"/> Healing Victims of Sexual Abuse |
| <input type="checkbox"/> Why Some Christians Commit Adultery | <input type="checkbox"/> Why Good People Mess Up         |

**2. Which of the following Elijah House Classes have you completed?**

- Course 201 (Basic 1) school     Prophetic School
- Course 202 (Basic 2) school     Other Elijah House Seminars/Classes \_\_\_\_\_
- Healing of Trauma Seminar

**3. How long have you been a Christian? \_\_\_\_\_ Date of Salvation \_\_\_\_\_**

**4. Please give a brief account of when and how you became a Christian.**

**5. How are you presently serving the Lord?**

**6. Are you in a relationship with a spiritual leader in a pastoral role who knows you, is aware of your spiritual condition, and can hold you accountable?     Yes     No**

**7. Are you presently ministering to others?**

- Yes     Lay/Church     Lay/Private Professionally
- No     If not, do you plan to do prayer ministry after completing this training?     Yes     No     Don't Know

**8. What is your primary reason for attending this school?**

**STUDENT APPLICATION (Page 2 of 2)**

9. Are you receiving prayer ministry or counseling at this time?  Yes  No (If so, briefly explain.)

10. Have you been diagnosed with Dissociative Identity Disorder, Borderline Personality Disorder, or a victim of Ritualized Abuse?  Yes  No (If yes, please explain and describe your treatment plan briefly.)

11. Special Needs or requests (please circle what applies, and briefly explain):

Allergies Medication Disability Dietary Other None

Because we are dealing with the hearts of people, the school can - at times - be very intense. Personal responses to teaching and small group interaction may include (but is certainly not limited to) some of the following: expression of anger, prejudices and resentments, apprehension, anxiety, insomnia, depression, dissociation, etc. **Note:** If a crime is confessed in small group during the course of the school, the Facilitator/leader of your small group will need to report it to the Director/Facilitator of the school. The Director/Facilitator of the school, in accordance with the laws of that state, may need to report it to the proper authorities. Because of time restraints, all of your personal life issues will not be dealt with during the course of the school. This is a life-long process. However, we do give you the tools to pursue further healing, and you may want to pursue further ministry once the school is complete. If you feel there are already significant life issues that need to be addressed, ministry or counseling prior to your enrollment in the school is advisable and always beneficial. If you have been seeing a counselor, we ask that you discuss the school with your counselor and receive their approval. Their signature is required below.

Having accepted the school enrollment information, requirements outlined in this application, and the Elijah House Facilitated School Booklet, I prayerfully submit my application. I agree to respectfully abide by the determination of Elijah House as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House and any Host Facility harmless for any of my personal responses to the teachings and small group time during the school. I also agree to indemnify and hold Elijah House and any Host Facility harmless for any costs in time, travel, accommodations, or other incidentals, should the school be canceled, my acceptance be delayed, or I am asked to discontinue the course to seek ministry before continuing at another time. I agree to maintain the confidentiality of what is shared by leaders and students in class and small groups. I understand that I may be filmed or photographed during the event for use in future training events and advertisement for display without using my name, and I give permission for use of my image/picture in this way.

I understand that my signature testifies that all information provided is true, that I accept all terms of enrollment, and will provide sufficient funds in a timely manner for my participation in the school.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Spouse's Signature is required regardless of whether or not he/she is attending)

Counselor Name (if applicable): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Please give your application to your Facilitator**