School of Daniel

SPIRITUAL LIFE & LEADERSHIP • NOVEMBER 16 – 21, 2015

Returning Students

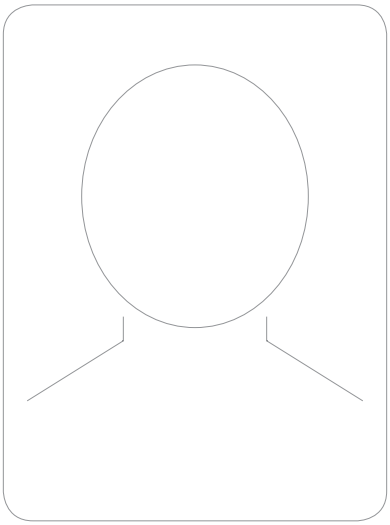
If you have previously attended a School of Daniel 1-3 week intensive, you need to fill out **only page 1** and **page 5** of this application. Skip the rest and submit along with your $30 non-refundable application fee.

New Students

Please fill out **all pages** of this application and submit along with your $30 non-refundable application fee.

Please note that submitting your application does not guarantee your enrollment in the school. We will ll let you know.

PERSONAL INFORMATION



Please attach or email a recent photograph of yourself.

First name

Last name

Address

City

Province / State

Postal / Zip code

Email

Home phone

Mobile phone

Date of birth

Gender

◯ Male ◯ Female

Marital status

◯ Single ◯ Married ◯ Separated ◯ Divorced

Spouse's name

Spouse's date of birth

Wedding date

EMERGENCY CONTACT

Full name

Nature of relationship

Daytime phone

Evening phone

Email

CHURCH BACKGROUND & MINISTRY EXPERIENCE

Current church

Pastor's name

Denomination

How long have you attended this church?

Is the senior pastor of your local church in agreement with your plans to attend School of Daniel? ◯ Yes ◯ No

Please list your present and past ministry experience.

Dates	Ministry role	Church/Organization	Pastor/Supervisor	Phone

Have you ever been removed from any area of ministry by a pastor or leader? If yes, please specify. ◯ Yes ◯ No

Have you attended any of the following Supernatural Schools?

☐ School of the Prophetic 101 ☐ School of the Prophetic 102 ☐ Language of the Spirit 201

Please list any additional ministry training you have received.

SPIRITUAL HISTORY

Please describe your salvation experience.

Please describe your present relationship with God (include prayer and devotional life).

Please tell us why you want to attend School of Daniel?

How did you hear about School of Daniel?

PERSONAL HEALTH

Please describe any medical concerns we should be aware of.

Do any of these conditions require the regular use of medication? Please specify.

Have you, or are you now receiving assistance for emotional, mental or chronic physical difficulties? Please specify.

Do you struggle with alcohol, drugs, pornography, etc.? If yes, please explain. *We ask, not to judge, but so we can best help you.*

Do you have an accountability partner? ◯ Yes ◯ No

If yes, how often are you in contact?

◯ Once a week ◯ Every two weeks ◯ Once a month ◯ Every 2–3 months ◯ Every 3–6 months

SCHEDULE

Classes are held Monday thru Friday from 9 AM – 5 PM, with an outreach on Wednesday evening.

Spiritual Life & Leadership
NOVEMBER 16–17
RACHEL HICKSON
Founder and director of Heartcry for Change, prolific author, teacher, inspirational speaker and prophetic voice.

Spiritual Life & Leadership
NOVEMBER 18–20
SHAWN BOLZ
Founder and senior pastor of Expression58 church, catalytic prophetic voice, filmmaker, writer and sought after international speaker.

TUITION

Early Bird *	Individual	Couple	Regular	Individual	Couple
1 Week	◯ $500 *save $150*	◯ $950 *save $250*	1 Week	◯ $650	◯ $1,200

Kingdom Culture monthly partners receive a 10% discount. Are you a monthly partner? ◯ Yes ◯ No

Registration deadline is October 30, 2015. *Early bird registration is available only until September 6, 2015.

PAYMENT

Your tuition payment will be due upon acceptance to the school.

Please confirm that you have included your $30 non-refundable application fee via one of the following payment options:

- ◯ By **cheque** payable to "Kingdom Culture Ministries"
- ◯ By **texting** "GIVE 30" to (613) 707-4492 and following the instructions
- ◯ By purchasing a School of Daniel application fee at **shop.kingdomculture.ca**

Web store/text confirmation #:

REFERENCES

Please ensure that we also receive the following forms, available at **schoolofdaniel.com**:

- ☐ The **pastoral reference form** completed and submitted by your senior pastor.
- ☐ The **personal reference form** completed and submitted by someone who knows you well.

Alternately, you may provide us with the following information instead, so we may contact your references directly.

Pastoral reference name	Phone	Email

Personal reference name	Phone	Email

RELEASE

I hereby release Kingdom Culture Ministries, its staff, agents and volunteers from any liability whatsoever arising out of any injury, damage or loss incurred by me during the course of my involvement with the organization.

I understand that submitting this application does not guarantee my enrollment in School of Daniel.

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

Applicant's signature (for email submission, typing your name here is equivalent to you signature)

Date

SUBMISSION

Okay, that's it! You're ready to submit your application for School of Daniel, either by:

Mail : Kingdom Culture Ministries, P.O. Box 17010, 1937 Portobello Boulevard, Ottawa, ON Canada K4A 4W8

Email : sod@kingdomculture.ca

Fax : 1 (613) 747-5685