

Revival Harvest Supernatural School

Admission Application

NAME Last _____ First _____ Middle _____

CURRENT ADDRESS Street _____ Apartment _____

County of Residence _____ City _____ State _____ Zip _____

Country (if not US) _____ How long have you lived at this address? Years _____ Months _____

E-MAIL _____ **HOME PHONE** _____

WORK PHONE _____ **CELL PHONE** _____

EMERGENCY CONTACT Last Name _____ First Name _____

Phone _____ Relationship _____ E-mail _____

IS REDEMPTION HOUSE LIFE CENTER YOUR HOME CHURCH? Yes _____ No _____

IF NOT, WHERE DO YOU ATTEND CHURCH? _____

WHAT ARE YOUR SPIRITUAL PASSIONS? _____

IN WHAT CAPACITY ARE YOU CURRENTLY SERVING? _____

TELL US ABOUT YOUR EXPERIENCE WITH HEALINGS, MIRACLES, SIGNS AND WONDERS:

APPLICATION FEE RECEIVED (\$25.00) _____ **DATE:** _____

TUITION RECEIVED IN THE AMOUNT OF: _____ **DATE:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

SIGNATURE OF SCHOOL ADMINISTRATOR: _____ **DATE:** _____

The following information is used for grant purposes only (optional):

BIRTHDATE _____ (mm/dd/yyyy) **GENDER** Check one: Male _____ Female _____

ETHNICITY/RACE Are you of Hispanic or Latino origin? _____ What is your race? Check one or more of the following: White _____ Black or African American _____ Asian _____ American Indian _____ Native Hawaiian or Pacific Islander _____

CITIZENSHIP Check one: US _____ Not a US Citizen _____

NATION OF BIRTH _____ **Nation of Citizenship** _____