



FOR OFFICE USE ONLY

Application Fee \$25 _____

Quarterly Tuition \$250 _____

CSSM STUDENT APPLICATION

Student Number: _____ (when approved)

Please complete this form by **printing**:

Name: _____

Email: _____ Telephone: _____

Cell: _____

Address: _____

City/State: _____ Zip: _____

Are you a member of the Crossing? _____ For how long? _____

If not, what church do you attend? _____

Name of Pastor _____ Phone _____ Email _____

Are you a regular giver to the Crossing? _____

Do you serve at the Crossing? () No () Yes, how? _____

Are you aware of your ministry call? () No () Yes, what? _____

Why do you want to be a part of the Crossing School of Supernatural Ministry?

Have you completed other ministry training? If yes, what and when? _____

Do you need any special accommodations for the classes? _____

In case of emergency, contact: _____

On the back of this sheet, or on a separate piece of paper, share your salvation experience, answering two questions: How did you get saved? How has your life changed since your salvation?



SCAN ME

Email your application and salvation story to: CSSM@crossingumc.org. The \$25 application fee can be paid online using the QR Code or by check. Make check payable to The Crossing and include "CSSM Application, on memo line. Mail to 1895 Wrightstown Road, Washington Crossing, PA 18977. Before acceptance, all applicants will be interviewed.

Date: _____ Applicant Signature _____