



HOLLYWOOD SCHOOL OF MINISTRY // A P P L I C A T I O N F O R M

Dear Hollywood School of Ministry Applicant,

We are so glad that you're interested in joining us this Fall for our Hollywood School of Ministry program. We would ask that you take the time to carefully read through the enclosed information and complete the application. Once you have completed this form, place it in an envelope along with your personal testimony (200 words typed), a recent photo, a \$25 processing fee (Checks made payable to Oasis of Hollywood), and mail it in to the Oasis of Hollywood offices. The pastoral reference questionnaire must be filled out and sent in by your senior pastor or youth pastor. Shortly after receiving your completed application form, an individual from the HSM admissions department will contact you to set up a phone interview. After the phone interview is completed, the HSM staff will join you in prayer over your application, asking for God's best in your life this year, and respond with a decision. If you have any questions, feel free to contact us. Again, thank you for considering Hollywood School of Ministry.

Admissions Office

Mynor Rosales

PERSONAL INFORMATION

Full Name _____

Present Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____

E-mail Address _____

Permanent Address _____

Year of High School Graduation or equivalent _____

Birthdate _____ Age _____ Social Security Number _____

FAMILY BACKGROUND

Name of Father or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____

Accepted Christ? Yes No Occupation _____

Name of Mother or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____

Accepted Christ? Yes No Occupation _____

MEDICAL BACKGROUND

How would you describe your health? Excellent Good Fair Poor

List any allergies _____

List any physical limitations _____

List any medications you are currently using _____

Have you ever used illegal drugs? Yes No If yes, Date of last use _____

Have you ever smoked tobacco? Yes No If yes, Date of last use _____

Have you ever drunk alcoholic beverages? Yes No If yes, Date of last use _____

EMPLOYMENT

Are you currently employed? Yes No

Present Employer _____

Position _____ Date Hired _____

Past Employer _____

Position _____ Date Hired _____

Quit Laid Off Fired Date _____

FINANCIAL BACKGROUND

How do you plan to live with no income for 9 months? _____

Do you own your own vehicle? Yes No

Do you have health insurance? Yes No

Name of home church _____

Denomination _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Name of Senior Pastor _____

Name of Youth Pastor _____

How long have you attended this church? _____

List the different ministries you are presently involved with: _____

CHURCH BACKGROUND

Are you a member of this church? Yes No

When did you accept Christ? _____

Where? _____

Have you ever been baptized in water? Yes No

Have you ever had an Acts 2:4 experience (not required for acceptance) Yes No

How many times a week do you attend church? _____

How do your parents/guardians feel about you coming to Hollywood School of Ministry for an internship?

References (Name, relation, and phone number)

1. _____

2. _____

3. _____

QUESTIONNAIRE

1. What is your definition of a servant?

2. Why do you want to come to Hollywood School of Ministry?

3. What do you plan to do after Hollywood School of Ministry?

4. How did you hear about Hollywood School of Ministry?

5. If accepted into Hollywood School of Ministry are you willing to make a 9 month commitment? Yes No

6. Have you ever been arrested? If so please explain.

WHEN YOU MAIL YOUR APPLICATION, PLEASE INCLUDE THE FOLLOWING

1. Your personal testimony on a separate sheet of paper (minimum of 200 words-typed)
2. A recent photo of yourself (will not be returned)
3. A non-refundable \$25 application processing fee (checks payable to Oasis of Hollywood)

I HAVE HONESTLY COMPLETED THIS APPLICATION FORM AND HAVE ANSWERED THE FOLLOWING QUESTIONS TO THE BEST OF MY ABILITY. I HAVE READ THE FINE PRINT AND I AM WILLING TO ABIDE BY ALL THE GUIDELINES STATED.

Signature_____Date_____

Email to: oasis@oasisofhollywood.org

Mail to: Oasis of Hollywood
PO BOX 1590
Hollywood, CA 90078

Fax to: 323-463-4767