

FLAMES OF FIRE BIBLE SCHOOL APPLICATION FOR ADMISSION

SUMMER INTERNSHIP PROGRAM

PLEASE PRINT AND ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY

PERSONAL INFORMATION

Name : _____		Gender at Birth: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	Phone (____) _____	Cel. (____) _____
E-mail Address: _____			
Date of Birth: ____ / ____ / ____		Place: _____	
____ Single	____ Married	____ Widow	____ Divorced ____ Remarried

CHURCH MEMBERSHIP

Name of Church: _____	
Name of Pastor: _____	Cell Phone # _____
Church Address: _____	
City: _____	
¿Do you have your Pastor's approval to attend this Bible School? ____ Yes ____ No	
Since when are you a member of this church? _____	
Date when you received Jesus Christ as Lord and Savior : ____ / ____ / ____	
In what ministry are you presently involved?: _____	

ACADEMIC INFORMATION

LEVEL	YEARS	DID YOU GRADUATE?
Jr. High		____ Yes ____ No
High School		____ Yes ____ No
University		____ Yes ____ No

How did you find out about this Bible School? _____	
Have you studied in another Bible School? ____ Yes ____ NO	
If yes, Name of Bible School: _____	Director: _____
Address: _____	City: _____ Years completed: _____

Date: _____

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Employment Information: Last two jobs if applicable

Employer	Position	Time

PERSONAL QUESTIONS

Do you smoke? ___Y / ___N / Do you use illegal drugs? ___Y / ___N
 Do you drink alcoholic beverages? ___Y / ___N / Do you view pornography? ___Y / ___N
 Have you been involved in homosexual activity? ___Y / ___N Have you been arrested? ___Y / ___N
 If your answer is yes, explain when and why: You may use a separate paper to further explain your answers.

Who is Jesus Christ for you? _____

With what ministries have you participated? _____

If married, how does your Spouse feel about you being a student here? _____

MEDICAL HISTORY

Have you had a serious illness that has affected your health? ___Yes ___No

If yes, please, explain: _____

List medication: _____

Do you have a physical handicap? ___Yes ___No

If yes, explain _____

In case of emergency, please notify: _____

Relationship to student: _____ Phone: (____) _____

En caso de emergencia notificar a: _____ Tel: _____

**AN INTERVIEW WILL FOLLOW ONCE APPLICATION IS
SUBMITTED. ACCEPTANCE TO OUR PROGRAM WILL BE
DETERMINED AFTER INTERVIEW.**

Student Signature: _____

Date: _____

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WE BELIEVE

- **IN THE BIBLE AS THE INSPIRED AND INFALLIBLE WORD OF GOD**
(2 Timothy 3:15-16)
- **ONE TRUE GOD WHO REVEALS HIMSELF IN THE TRINITY: FATHER, SON AND HOLY SPIRIT.**
(Deuteronomy 6:4; Mathew 28:18; Mark 12:29)
- **IN JESUS CHRIST, , CONCEIVED BY THE HOLY SPIRIT, BORN OF A VIRGIN. IN HIS DEATH FOR OUR SINS, HIS CORPORAL RESURRECTION AND HE IS SEATED AT THE RIGHT HAND OF GOD.**
(Isaiah 7:4; Romans 8:34; Acts 1:10)
- **IN SALVATION THROUGH THE BLOOD OF JESUS CHRIST.**
(1° John 5:10; Romans 10:13-15)
- **IN WATER BAPTISM BY IMMERSION.** (Mathew 28:19)
- **IN DIVINE HEALING THROUGH THE REDEEMING WORK OF JESUS CHRIST AT THE CROSS.**
(Isaiah 53:4; Mathew 8:16, 17; James 5:13, 14)
- **IN THE BAPTISM OF THE HOLY SPIRIT WITH THE INITIAL PHYSICAL EVIDENCE OF SPEAKING IN OTHER TONGUES.**
(Acts 2:4; 10:44-46 15:8, 9)
- **IN THE SANCTIFYING POWER OF THE HOLY SPIRIT, ENABLING THE BELIEVER TO LIVE A HOLY LIFE.**
(Hebrews 12:14; 1° Peter 1:15, 16)
- **IN JESUS SECOND COMING.**
(1° Tes. 4:16,17; 1° Cor. 15:51,52)

AFTER READING THIS DECLARATION OF FAITH, I RESOLVE TO ACCEPT THE CONDITIONS AND RULES AND I PROMISE, WITH THE HELP OF GOD, TO RESPECT ALL MY FELLOW STUDENTS.

As a Student I submit to this Declaration of Faith.

Name: _____

Signature: _____

Date: _____

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PASTORAL RECOMMENDATION FORM

This Pastoral Recommendation Form needs to be filled out only by the Church Pastor where the Student is a member . It needs to be mailed to: Flames of Fire Bible School, P.O. Box 1058, Penitas, TX 78576. This is a confidential document. This document will be restricted to the Admissions Department of the Bible School.

Name of Student: _____	
Name of Pastor (print): _____	
Pastor's Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: (____) _____	Cel: (____) _____ Church Phone (____) _____
E-mail Address: _____	
Name of Church: _____	City: _____

1. How long have you known the student? _____

2. Do you know him/her well? (Choose the right answer)
____ By sight only ____ Casual ____ Well ____ Very well

3. To your knowledge, has the student made a decision to serve Christ?
____ Yes ____ No ____ Don't Know

4. To what extent is the student active in church?
____ Very much involved, Enthusiastic ____ Willing to help, Cooperative
____ Little participation, not constant ____ Does not show interest, indifferent

5. In what areas of ministry is the student already involved?

6. What are the outstanding qualities of this student?

7. What are the areas that need improvement of this student?

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8. Please, answer every question with a Yes or No. Do you know if the student:
 _____ Drinks? _____ Smokes ? _____ Uses Drugs?

_____ Is involved in pornography? _____ Is involved with homosexual life style?

9. To your knowledge, is the student responsible with his/her finances?

10. Please, include other pertinent information

11. Please, evaluate the student in the following areas by placing an x in appropriate box

QUALITIES	EXCELLENT	VERY GOOD	GOOD	REGULAR	BAD	NO OPINION
Trustworthy						
Mature, Ready to confront problems.						
Financially Responsible						
Emotionally stable.						
Caring and Helpful						
Gets along with others, cooperates easily						
Sensitive to other's needs						
Hard worker and enthusiastic						
Honest and Sincere						
Respects authority						
A leader, creative thinker, shows initiative						

12. Do you feel this student takes his/her calling seriously and merits the opportunity to be part of the Flames of Fire Bible School training program? Please, elaborate.

Pastor's Signature: _____ Date: _____

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MINISTER'S RECOMMENDATION FORM

This Minister's Recommendation Form needs to be filled out by a Minister, aside from the student's Pastor. He/She must know the student well in order to provide a recommendation. The completed form needs to be mailed to: Flames of Fire Bible School, P.O. Box 1058, Penitas, TX 78576. This is a confidential document. This document will be restricted to the Admissions Department of the Bible School.

Information of Person who is Filling Out this Recommendation				
Name	Ministerial Position			
Address	City	State	Zip	Telephone
Relationship to Student	Name of Student			

We appreciate the time you are taking to fill out this recommendation form. We seriously consider your information. It is highly confidential and will be restricted to the Administration of Flames of Fire Bible School.

13. How long have you known the student?

14. How well do you know the student?

____ By sight only ____ Casual ____ Well ____ Very Well

15. What are the outstanding qualities of this student?

16. What are the areas that need improvement of this student?

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17. Please, evaluate the student in the following areas by placing an x in appropriate box

QUALITIES	EXCELLENT	VERY GOOD	GOOD	REGULAR	BAD	NO OPINION
Trustworthy						
Mature, Ready to confront problems.						
Financially Responsible						
Emotionally stable.						
Caring and Helpful						
Gets along with others, cooperates easily						
Sensitive to other's needs						
Hard worker and enthusiastic						
Honest and Sincere						
Respects authority						
A leader, creative thinker, shows initiative						

18. Please, answer every question with a Yes or No. Do you know if the student:
 _____ Drinks? _____ Smokes? _____ Uses Drugs?
 _____ Is involved in pornography? _____ Is involved with homosexual life style?

19. Do you feel this student takes his/her calling seriously and merits the opportunity to be part of the Flames of Fire Bible School training program? Please, elaborate.

20. Please, give us some comments about the student you are recommending.

Minister's Signature: _____

Date: _____