

APPLICATION

Harvest Time School of Ministry

PLEASE READ THIS DOCUMENT IN ITS ENTIRETY BEFORE APPLYING

WHEN TO APPLY:

HTSM School of Ministry accepts students at any time during the year, however, the student will attend at the beginning of the next school year. Students should apply as early as possible to allow time for the processing of the application.

REQUIREMENTS:

Character: Students will be expected to live in accordance with godly principles as stated in the Harvest Time School of Ministry Student Commitment to Excellence.

Fee: A nonrefundable \$35 application fee must be sent with your application. Send a check, cash, or money order attached to your application forms to our Admissions Office.

HOW TO APPLY: WE MUST RECEIVE THE ORIGINAL APPLICATION, APPLICATION FEE, PHOTOGRAPH, & RECOMMENDATIONS.

1) APPLICATION

All questions on the application forms must be completed. If a question does not apply, write N/A (not applicable). Applications must be signed and dated. Failure to do so will cause a delay in the processing of your application.

2) RECOMMENDATIONS

a. Using the enclosed forms, provide HTSM with two Personal Recommendations. Each recommendation must be completed by a mature Christian adult (at least 24 years or older) that has known the applicant at least one year and is not an immediate relative (parent, sibling, grandparent). The recommendations will be kept in confidence. Once completed, recommendations must be mailed directly to our Admissions Office by the individual filling out the recommendation form, not the applicant. We must receive the original Personal Recommendations.

b. Pastoral Recommendations must be completed by the Pastor from the home church where you regularly attend. In the event that the home church pastor is a relative, please include a second Pastoral Recommendation from a pastoral staff member. Once completed, recommendations should be mailed directly to our Admissions Office.

3) PHOTOGRAPH

Attach a recent photo of yourself. Scanned or computer generated photos must be photo quality, and recognizable. Your photo must fit in the box on the left hand corner of the application form. Please cut photo to size and attach.

Applicants to Harvest Time School of Ministry should send the completed Application, and the Application Fee to our Admissions Office:

Harvest Time School of Ministry
17199 FM 2493
Flint, TX 75762

AFTER YOU APPLY:

When the Admissions Office has received ALL completed forms, including recommendations, transcripts, and fees; your application will enter the Evaluation Process and will be reviewed by the HTSM School of Ministry Evaluation Panel. Applicants will receive an email notification of acceptance or denial within 6-8 weeks after their application enters the Evaluation Process. It is strongly suggested that the applicant make sure the Pastoral and Personal Recommendations have been submitted. Applicants to HTSM will not enter the Evaluation Process until all of the above forms have been received.

If you have questions regarding the status of your application (recommendations, fee, etc.), please contact our Admissions Office via email: harvesttimesom@gmail.com

PLEASE NOTE:

Please notify the Admissions Office if your relationship status changes between the time you fill out your application and the time you arrive for classes.

APPLICATION

HARVEST TIME SCHOOL OF MINISTRY

AFFIX
PHOTO
HERE

To the Applicant:

The purpose of HTSM is to take firmly committed believers who feel a call to a deeper walk with God and prepare them to serve the Lord in this capacity. We are a school with a very intense schedule and high moral standards and policies. We do not recommend students coming here who may have difficulty adjusting or submitting. We are not a school designed to assist as a rehabilitative service for those who need extra help personally/emotionally. Please evaluate yourself before applying.

Date ____/____/____

Have you ever applied to HTSM before? YES/NO

If yes, when? Year ____

Personal

Full Legal Name _____ Social Security Number _____

Present Address _____

City _____ State _____ Zip Code _____

Country _____ How long have you resided at this address? _____ Year(s) _____ Month(s)

Phone: (_____) _____ Email: _____

Sex: Male _____ Female _____ Birth Date(mm/dd/yy) _____/_____/_____ Age _____

Ethnicity: _____ First Language: _____ Second Language: _____

Emergency Contact #1

Name _____ Address _____

City _____ State _____

Zip Code _____ Phone (_____) _____ Relation to you _____

Emergency Contact #1

Name _____ Address _____

City _____ State _____

Zip Code _____ Phone (_____) _____ Relation to you _____

Church Information

Church Name: _____ Denomination: _____

Sr. Pastor's Name: _____ Church Phone: (_____) _____

Assoc. Pastor's Name: _____ Yth. Pastor's Name: _____

Address _____ City _____ State _____

Zip Code _____ Church E-mail _____

How long have you attended the church named above? _____ Year(s) _____ Month(s) Are you a member? Y/N

If you have attended the Church named above less than one year, please fill in the needed information below:

Previous Church's Name _____ Denomination _____

City _____ State _____

Sr. Pastor's Name _____

Spiritual

When did you accept Jesus as your Savior for the first time? _____ Month _____ Year

Have you made a recommitment since the date above? Yes / No (If yes, when?) _____ Month _____ Year

In the last 2 years have you used illegal drugs, tobacco or consumed any alcoholic beverage? _____ Yes / _____ No

If yes, please explain:

Date(s) of most recent occurrence(s), Month and Year: _____ / _____

In the last 2 years has your life demonstrated moral, ethical and pure living? _____ Yes / _____ No

If no, please explain:

Date(s) of most recent occurrence(s), Month and Year: _____ / _____

Personal Recommendation # 1

Harvest Time School of Ministry

TO THE APPLICANT:

Please complete the section below.

Applicants are required to have a total of two Personal Recommendation forms completed in order to apply to HTSM. This form MUST be completed by a mature Christian adult (at least 24 years of age) that has known the applicant for at least 1 year and is not a relative.

Note: This section must be completed by the applicant in its entirety

Date _____ / _____ / _____	Date of Birth _____ / _____ / _____		
Applicant's Name _____			
First	Middle	Last	Maiden
Name you go by (If different than above) _____			
Phone (_____) _____		Email _____	

To the person completing this Recommendation: The above named applicant is applying for admission to Harvest Time School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept in confidence. Thank you for your assistance. Once completed, DO NOT mail or return recommendation to applicant. Please send directly to:

**Harvest Time School of
Ministry
Attn: Admissions Office
17199 FM 2493
Flint, TX 75762**

TYPE OR PRINT ALL ITEMS

1) How long have you known the applicant? _____ Relationship to applicant? _____

2) How well do you know applicant? By name/sight Casually Fairly Well Very Close

3) Describe the applicant by checking the following points:

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Common Sense	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Health, vigor	_____	_____	_____	_____	_____
Tact	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Participation	_____	_____	_____	_____	_____
Social Ability	_____	_____	_____	_____	_____
Response to Authority	_____	_____	_____	_____	_____
Seriousness of Purpose	_____	_____	_____	_____	_____

4) Which Characteristics best describe the applicant? (Please Circle)

Warmhearted	Loving	Teachable	Tolerant	Unstable	Rebellious	Immature
On Fire for Jesus	Respectful	Mature	Enthusiastic	Passive	Critical	Belligerent

5) To the best of your knowledge, what Christian service has the applicant been involved in? (Nursery, Youth Leader, etc.)

EXPLAIN _____

Personal Recommendation #1

type or print all items

Failure to do so will cause a delay in the processing of this application

6) To your knowledge does the applicant use: (Circle the applicable answer)

Illegal Drugs? Yes No

Alcohol? Yes No

Tobacco? Yes No

If yes, please explain: _____

7) To your knowledge has the applicant been involved in sexual immorality, alcohol, or illegal drug use within the past 2 years?

Yes No If yes, please explain: _____

8) What do you consider the applicant's strengths? _____

9) What do you consider the applicant's weaknesses? _____

10) Do you have any reservations about this individual? Yes No

If yes, please explain: _____

11) Do you feel this individual is called to full-time ministry? Yes No Not Sure

Comments: _____

Please Read:

We are a school with a very intense schedule and we have demanding policies. We do not recommend students coming here who may have difficulty adjusting. We are not a school designed to assist as a rehabilitative service for those who need extra help personally/emotionally. We are not staffed for dealing with a lot of personal/emotional issues. With this in mind, do you feel that this student is ready to be thrust into ministry training with the purpose of going into full-time ministry? Please evaluate below and comment if necessary.

PLEASE CHECK ONE:

_____ I recommend _____ I recommend with reservation _____ I do not recommend

Please Comment: _____

Please print name _____ Your age _____
(Individuals completing this form, must be 24 years or older)

Address (Optional) _____

City _____ State _____ Zip Code _____

Phone(_____) _____ Fax (_____) _____

Signature _____ Date _____

Personal Recommendation # 2

Harvest Time School of Ministry

TO THE APPLICANT:

Please complete the section below.

Applicants are required to have a total of two Personal Recommendation forms completed in order to apply to HTSM. This form MUST be completed by a mature Christian adult (at least 24 years of age) that has known the applicant for at least 1 year and is not a relative.

Note: This section must be completed by the applicant in its entirety

Date _____/_____/_____

Date of Birth _____/_____/_____

Applicant's Name _____
First Middle Last Maiden

Name you go by (If different than above) _____

Phone (_____) _____ Email _____

To the person completing this Recommendation: The above named applicant is applying for admission to Harvest Time School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept in confidence. Thank you for your assistance. Once completed, DO NOT mail or return recommendation to applicant. Please send directly to:

**Harvest Time School of
Ministry
Attn: Admissions Office
17199 FM 2493
Flint, TX 75762**

TYPE OR PRINT ALL ITEMS

1) How long have you known the applicant? _____ Relationship to applicant? _____

2) How well do you know applicant? By name/sight Casually Fairly Well Very Close

3) Describe the applicant by checking the following points:

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Common Sense	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Health, vigor	_____	_____	_____	_____	_____
Tact	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Participation	_____	_____	_____	_____	_____
Social Ability	_____	_____	_____	_____	_____
Response to Authority	_____	_____	_____	_____	_____
Seriousness of Purpose	_____	_____	_____	_____	_____

4) Which Characteristics best describe the applicant? (Please Circle)

Warmhearted	Loving	Teachable	Tolerant	Unstable	Rebellious	Immature
On Fire for Jesus	Respectful	Mature	Enthusiastic	Passive	Critical	Belligerent

5) To the best of your knowledge, what Christian service has the applicant been involved in? (Nursery, Youth Leader, etc.)

EXPLAIN _____

Personal Recommendation #2

type or print all items

Failure to do so will cause a delay in the processing of this application

6) To your knowledge does the applicant use: (Circle the applicable answer)

Illegal Drugs? Yes No

Alcohol? Yes No

Tobacco? Yes No

If yes, please explain: _____

7) To your knowledge has the applicant been involved in sexual immorality, alcohol, or illegal drug use within the past 2 years?

Yes No If yes, please explain: _____

8) What do you consider the applicant's strengths? _____

9) What do you consider the applicant's weaknesses? _____

10) Do you have any reservations about this individual? Yes No

If yes, please explain: _____

11) Do you feel this individual is called to full-time ministry? Yes No Not Sure

Comments: _____

Please Read:

We are a school with a very intense schedule and we have demanding policies. We do not recommend students coming here who may have difficulty adjusting. We are not a school designed to assist as a rehabilitative service for those who need extra help personally/emotionally. We are not staffed for dealing with a lot of personal/emotional issues. With this in mind, do you feel that this student is ready to be thrust into ministry training? Please evaluate below and comment if necessary.

PLEASE CHECK ONE:

_____ I recommend _____ I recommend with reservation _____ I do not recommend

Please Comment: _____

Please print name _____ Your age _____
(Individuals completing this form, must be 24 years or older)

Address (Optional) _____

City _____ State _____ Zip Code _____

Phone(_____) _____ Fax (_____) _____

Signature _____ Date _____

Pastoral Recommendation

Harvest Time School of Ministry

TO THE APPLICANT:

Please complete the section below. Applicants are required to have one Pastoral Recommendation form completed in order to apply to HTSM. Pastoral Recommendations must be completed by the Pastor of the church that you regularly attend. In the event that your home church pastor is a relative, please include a second Pastoral Recommendation from a pastoral staff member.

Note: This section must be completed by the applicant in its entirety

Date ____/____/____

Date of Birth ____/____/____

Applicant's Name _____
First Middle Last Maiden

Name that you go by (If different than above) _____

Phone (____) _____ E-mail _____

To the Pastor completing this Recommendation: The above named applicant is applying for admission to Harvest Time School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept in confidence. Thank you for your assistance. Once completed, DO NOT mail or return recommendation to applicant. Please send directly to:

**Harvest Time School of
Ministry
Attn: Admissions Office
17199 FM 2493
Flint, TX 75762**

TYPE OR PRINT ALL ITEMS

1) How long have you known the applicant? _____ Years _____ Months

2) How well do you know the applicant? By name/sight Casually Fairly Well Very Close

3) Describe the applicant by checking the following points:

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Common Sense	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Health, Vigor	_____	_____	_____	_____	_____
Tact	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Participation	_____	_____	_____	_____	_____
Social Ability	_____	_____	_____	_____	_____
Response to Authority	_____	_____	_____	_____	_____

4) Which characteristics best describe the applicant? (Please Circle)

Warmhearted	Loving	Teachable	Tolerant	Unstable	Rebellious	Immature
On Fire for Jesus	Mature	Respectful	Enthusiastic	Passive	Critical	Belligerent

5) Type of home and family background: _____

6) Do you consider the applicant able to do college level work successfully? Yes No

If no, please explain: _____

Pastoral Recommendation
type or print all items
Failure to do so will cause a delay in the processing of this application

7) To your knowledge, does the applicant use: (Circle the applicable answer)

Illegal Drugs? Yes No

Alcohol? Yes No

Tobacco? Yes No

If yes, please explain: _____

8) To your knowledge has the applicant been involved in sexual immorality, alcohol, or illegal drug use within the past 2 years?

Yes No If yes, please explain: _____

9) What do you consider the applicant's strengths?

10) What do you consider the applicant's weaknesses?

11) To your knowledge are there any unresolved problem areas or is he/she one who is ready to pursue ministry?

12) Are there any past occurrences in the applicant's life that may hinder him/her from making a firm commitment to our demanding schedule? (Please keep in mind that we are not a rehabilitation center for troubled individuals, but rather an intense school for ministry preparation.) Please comment:

13) Do you feel this individual is called to full-time ministry? Yes No Not Sure

Comments: _____

PLEASE CHECK ONE:

☐ I Recommend ☐ I recommend with reservation ☐ I do not recommend

PLEASE PRINT!

Name of Church _____ Denomination _____

Name of Pastor completing this Recommendation _____

Pastoral Position _____ How long have you pastored this church? _____

Church address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Pastor's Signature _____ Date _____