APPLICATION

Instructions:
1. Please indicate below which school or internship you are applying for, and the month and year you are applying for.
2. All applicants for IHOPU schools and internships should complete the IHOPU application, pages 1–7.
3. If you are applying for an internship, please also complete the addendum and background check authorization form at the back of the application.

Forerunner School of Ministry: □ August/year ______ □ January/year ______

Forerunner Music Academy: □ August/year ______ □ January/year ______

Forerunner Media Institute: □ August/year ______ □ January/year ______

Intro to IHOPKC: □ January/year ______ □ April/year ______ □ July/year ______ □ September/year ______

One Thing Internship: □ January/year ______ □ July/year ______

Fire in the Night: □ January/year ______ □ April/year ______ □ July/year ______ □ September/year ______

Simeon Company: □ January/year ______ □ April/year ______ □ July/year ______ □ September/year ______

IHOPU APPLICATION FORM INCLUDES
1. IHOPU application form
2. Application fee payment form
3. IHOPU internship guidelines
4. International House of Prayer foundational commitments
5. International House of Prayer statement of faith
6. Pastoral recommendation form (completed by someone who is unrelated to the applicant and has known the applicant for at least one year)
7. Personal recommendation form (completed by someone who is unrelated to the applicant and has known the applicant for at least two years)
8. Internship application addendum and background check authorization form (internship applicants only)
APPLICATION PROCESS
The application has several components, which must all be sent together in one packet. Admissions decisions will not be made until we receive your complete application.

1. Application form, completed and signed, with addendum, if applying for an internship
2. Current, personal photograph attached to the application
3. Personal testimony typed on a separate sheet; no more than two pages
4. Completed, pastoral recommendation in a sealed and signed envelope
5. Completed, personal recommendation in a sealed and signed envelope
6. Non-refundable $50 application fee per applicant to school or internship; make checks payable to IHOPU with the applicant’s name in the memo
7. All applicants (except applicants to Simeon Company) must submit high school/secondary school transcripts (or official GED copies)
8. Internship applicants must complete the internship addendum and background check authorization form

Applications for internships must be received no later than two weeks prior to the internship start date.

INTERNATIONAL APPLICANTS
If you are an international applicant (any applicant who is not a U.S. citizen, a U.S. national, or a U.S. legal permanent resident), please visit ihopkc.org/ihopuinternational.

MAILING ADDRESS
International House of Prayer University, Admissions, 12901 S. US Highway 71, Grandview, MO 64030

ACCEPTANCE
1. We will contact you to let you know we have received your application, and to arrange a phone interview.
2. We will generally notify you of your acceptance or denial within thirty days of your phone interview.
3. Applicants are not accepted to any IHOPU program until they have received an official notification of acceptance from the IHOPU Admissions office.
4. Accepted students and interns will receive further instructions by email from IHOPU.
5. Please email admissions@ihopu.org or call 816.763.0200 x.7150 if you have any questions during the application process.

PAYMENT
Students accepted to IHOPU will receive instructions for tuition payment. Interns may view their program-specific payment deadlines at ihopkc.org/ihopu/internships under the Program Info section of their internship web page.

Payment may be made by credit or debit card through the International House of Prayer Business Office at 816.763.0200 x.2201, Monday–Friday, 9:00am–5:00pm CST, or through the IHOPU Business Office at 816.763.0200 x.2227, Monday–Friday, 8:00am–1:00pm CST. It may be made by check or money order by mailing to the address above. Make checks payable to International House of Prayer University and include the name of the school or internship, and the applicant’s name in the memo. Cash payments can only be taken at the International House of Prayer Business Office.
PERSONAL INFORMATION

Date of application ________________________________
School/internship applying for ________________________________
School/internship start date ________________________________

Last/family name ________________________________
First/given name ________________________________ Middle name ________________________________
Address __________________________________________
City ________________________________ State ________________________________
Zip/post code ________________________________ Country ________________________________
Phone ________________________________ Email ________________________________
Gender ________________________________ Social Security # ________________________________
Date of birth (MM/DD/YY) ________________________________

LEGAL STATUS

Please check the box that applies to you.
☐ U.S. citizen/national
☐ U.S. legal permanent resident
☐ International applicant (any applicant who is not a U.S. citizen, a U.S. national, or a U.S. legal permanent resident)

If you are in the US, what type of visa do you have? ________________________________
Country of citizenship ________________________________ Country of birth ________________________________

LANGUAGE

Is English your first language?  ☐ Yes  ☐ No  If no, what is? ________________________________

Do you speak, read, and write English fluently?  ☐ Yes  ☐ No  If no, describe your level of proficiency in English.

List any languages you speak besides English.

________________________________________

FAMILY INFORMATION

Father/guardian ________________________________  ☐ Deceased  ☐ Living

Mother/guardian ________________________________  ☐ Deceased  ☐ Living

Marital status; check all that apply.  ☐ Single  ☐ Engaged  ☐ Married  ☐ Widowed  ☐ Separated*  ☐ Divorced*
*Please provide a brief explanation of your marital history on a separate sheet of paper.

If you are married and/or will have children with you under the age of 18, please answer the following questions. If not, skip to the emergency contact section.

Spouse’s name ________________________________ Date of birth ___________ Age ______ How long married? ______

Is your spouse attending IHOPU?  ☐ Yes  ☐ No  If yes, your spouse must complete a separate application and submit it with yours. If no, please include a letter from your spouse that describes his/her Christian experience, his/her feelings about your time at IHOPU, and his/her feelings about your potential position on staff.

IHOPU Application Form, 09-24-12
Do you have children under 18 accompanying you to/in Kansas City?  

- Yes  
- No  

If yes, how many? ____________

Emergency Contact ____________________________ Relation to applicant ____________________________

Mobile phone ____________________________ Home or work phone ____________________________

Email ____________________________

Address ____________________________ City ____________________________

State/province ______ Zip/post code ____________ Country ____________________________

**EDUCATION, EMPLOYMENT, AND MINISTRY BACKGROUND**

Please indicate the highest level of education you have completed.

- □ GED or equivalent  
- □ Senior high/secondary school diploma  
- □ Vocational school  
- □ College/university undergraduate degree  
- □ Graduate degree  
- □ Postgraduate degree

List senior high/secondary school and institutions of higher education you have attended, beginning with the most recent.

<table>
<thead>
<tr>
<th>School name</th>
<th>City, state</th>
<th>Dates attended</th>
<th>Diploma, degree</th>
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</table>

List previous places of employment, beginning with the most recent.

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<tr>
<th>Employer</th>
<th>Location</th>
<th>Dates</th>
<th>Phone</th>
<th>Supervisor</th>
<th>Responsibilities</th>
<th>Reason for leaving</th>
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Are you involved in a local church?  

- □ Yes  
- □ No  

If no, have you been involved in a church in the past?  

- □ Yes  
- □ No

List church involvement, beginning with the most recent.

<table>
<thead>
<tr>
<th>Church name, city, and state</th>
<th>Dates</th>
<th>Senior pastor</th>
<th>Attended</th>
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</table>
Describe any previous ministry training and involvement. Use an extra sheet of paper if more space is needed.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe how your church or spiritual family feels about your time as an IHOPU student or intern.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(FMA applicants only): What is your primary instrument? Select only one of the following:

☐ Piano/keys  ☐ Acoustic guitar  ☐ Electric guitar  ☐ Bass guitar  ☐ Drums  ☐ Voice
☐ Other, please specify ____________________________

(FMI applicants only): Please list any media experience you have, including skills learned and equipment used. Note: lack of media experience does not disqualify you from attending FMI.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

PERSONAL EVALUATION

Please assess yourself in the following areas.

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<thead>
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<th></th>
<th>Uncertain</th>
<th>Weak</th>
<th>Fair</th>
<th>Good</th>
<th>Outstanding</th>
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<tr>
<td>Spiritual maturity</td>
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<td>Devotion to Jesus Christ</td>
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<td>Integrity and honesty</td>
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<td>Openness to correction</td>
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<td>Self-discipline</td>
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<td>Working without supervision</td>
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<td>Willingness to serve</td>
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<td>Ability to work with others</td>
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<td>Communication skills</td>
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<td>Leadership skills</td>
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<td>Reliability</td>
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<td>Teachability</td>
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<td>Emotional stability</td>
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<td>Physical health</td>
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<td>Family life</td>
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Additional comments: ____________________________

What do you consider to be your talents, gifts, and strengths?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
What do you consider to be your weaknesses or struggles?

________________________________________________________________________________________

________________________________________________________________________________________

What are some of your hobbies and interests?

________________________________________________________________________________________

________________________________________________________________________________________

What aspect of the International House of Prayer of Kansas City interests you the most?

________________________________________________________________________________________

________________________________________________________________________________________

How did you hear about IHOPU? Check all that apply:
☐ IHOPKC conference in Kansas City: ________________________________________________
☐ onething regional conference: _________________________________
☐ Awakening Teen Camp ☐ YouTube
☐ Current or former IHOPU student or intern ☐ Charisma magazine ad
☐ Friend or family member ☐ Charisma website ad
☐ Pastor ☐ Relevant magazine ad
☐ IHOPKC website ☐ Relevant website ad
☐ Facebook ☐ Other ad, please specify ______________________________________
☐ Twitter ☐ Other, please specify ______________________________________________

What led you to apply to IHOPU?

________________________________________________________________________________________

________________________________________________________________________________________

Have you applied for or attended any program at IHOPU in the past?  □ Yes  □ No
If yes, list which programs, the dates you applied or attended, and why you are applying to attend a program again.

________________________________________________________________________________________

________________________________________________________________________________________

What is your plan for paying tuition?

________________________________________________________________________________________

________________________________________________________________________________________

Do you have any financial debt?  □ Yes  □ No  If yes, please explain the type and amount of debt incurred and your plans for managing it if accepted into IHOPU.

________________________________________________________________________________________

________________________________________________________________________________________

PERSONAL TESTIMONY

Please write your personal testimony in a separate typed document. Include the following points:
1. A summary of your personal journey in Christ
2. Any past or present life-controlling issues, whether mental, emotional, or relational
3. Your goals for the future, including your life vision and ministry plans
4. Expectations for your time at IHOPU and a summary of what you hope to learn at IHOPU
HEALTH INFORMATION

Please mark if you have had any occurrences of the following, whether mild or severe:

☐ ADD or ADHD  ☐ Alcohol abuse
☐ Mild depression  ☐ Drug abuse, including cigarettes and prescription drugs
☐ Chronic depression  ☐ Long-term medication
☐ Chronic fatigue syndrome  ☐ Eating disorder: bulimia, anorexia, diet obsessive, etc.
☐ Chronic pain  ☐ Allergies
☐ Insomnia or other sleeping disorders  ☐ Asthma
☐ Diabetes  ☐ HIV/AIDS
☐ Seizures  ☐ Communicable diseases
☐ Other

If you checked any of the above, please explain. Use a separate sheet of paper if necessary.

__________________________
__________________________

Do you have any physical disabilities or conditions that require special care?  ☐ Yes  ☐ No  If yes, please explain.

__________________________
__________________________

Do you have any substance abuse problems or addictions?  ☐ Yes  ☐ No  If yes, please explain.

__________________________
__________________________

Do you currently have, or have you ever had, any life-controlling mental, emotional, or relational issues?  ☐ Yes  ☐ No  If yes, please explain. Use a separate sheet of paper if necessary.

__________________________
__________________________

Have you ever received help for psychological, sexual, emotional, or relational problems?  ☐ Yes  ☐ No  If yes, please provide details below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver(s)/program(s)</th>
<th>Identified problem(s)</th>
<th>Was treatment voluntary?</th>
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<td>☐ Yes  ☐ No</td>
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Have you ever been accused of and/or reported for physically or sexually abusing someone?  ☐ Yes  ☐ No  If yes, provide details and circumstances of accusations/reports of abuse on a separate sheet.

Do you have a police record?  ☐ Yes  ☐ No  If yes, please explain on a separate sheet.

Have you ever attempted or considered suicide?  ☐ Yes  ☐ No  If yes, please explain the circumstances. Include when, where, and how you were treated and whether treatment was voluntary or involuntary.

__________________________
__________________________

Do you have suicidal thoughts?  ☐ Yes  ☐ No  If yes, please describe.

__________________________
Have you ever viewed child pornography?  □ Yes  □ No  If yes, please explain the circumstances, including dates.

Do you have a prescription for medication related to psychological problems?  □ Yes  □ No  If yes, you will be asked to list medications in the Medication Disclosure.

If yes, are you taking this medication?  □ Yes  □ No  If no, explain.

Have you taken or been prescribed medication related to psychological problems in the past?  □ Yes  □ No  If yes, please list your medications and describe your treatment methods.

Are you currently taking any other prescription medications?  □ Yes  □ No  If yes, you will be asked to list medications in the Medication Disclosure.

Do you have health insurance?  □ Yes  □ No  If yes, please briefly describe your coverage.

List all medications prescribed to you and the name and phone number of the doctor who prescribed and regulates it.

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<tr>
<th>Medication</th>
<th>Doctor's name</th>
<th>Doctor's phone number</th>
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I agree to continue taking these medications under the supervision of my doctor throughout my time at IHOPU. I understand that failure to keep taking my medications under my doctor's care is grounds for my immediate dismissal.

Name in print __________________________________________ Date ______________________

Signature ____________________________________________ Date ______________________

ACKNOWLEDGMENT OF AGREEMENT

☐ I have read, agree with, and will abide by the IHOPKC Internship Guidelines (internships only).
☐ I have read, agree with, and will abide by the IHOPKC Missions Base Foundational Commitments.
☐ I have read and agree with the IHOPKC Statement of Faith.*
☐ I understand that my program at IHOPU will include practical ministry training and service to others.
☐ I understand that I must secure funds sufficient to cover all my tuition before attending IHOPU.
☐ I understand that I must secure funds sufficient to cover all my personal expenses.
☐ I declare that the information I have provided in my application is true, accurate, and complete.
☐ I understand that providing false information in my application may be grounds for denial of my application and/or dismissal from IHOPU.

Signature __________________________________________ Date ______________________

*If you disagree with any section of the IHOPKC Statement of Faith, please explain on a separate sheet of paper.
APPLICATION FEE

The application fee to any school or internship is $50. Application fees are nonrefundable.

Please print.

Applicant name ____________________________________________

School/Internship ___________________________ Start date ___________________________

Payment Options
Payment must be made in US dollars.

1. Make a check or money order payable to International House of Prayer University. Write the applicant’s name and school/internship in the memo. Attach to this document.

2. Complete the credit card information below.

Check the box that applies.

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Cardholder's name as it appears on the card (please print) ____________________________

Credit card number ______________________________________________________________

Billing zip code (US cards only)____________________________________________________

Expiration date ________________________ Security code (3-digit code on back of card) ____________

Signature ____________________________ Date ____________________________
IHOPU INTERNSHIP GUIDELINES (INTERNSHIPS ONLY)

Teachability: We ask that every intern be teachable, willing to learn, and sincere in his/her pursuit of holiness.

Internship dating policy: Dating and courting are not permitted during the One Thing and Fire in the Night internships. They are not permitted during the first track of Intro to IHOPKC and Simeon Company. However, interns in a relationship before beginning the internship (whether dating, courting, or engaged) may communicate through written communication only.

The purpose of our internships is focused pursuit of the Lord. We are confident that when interns separate themselves for this short season, they will find that the reward far outweighs the sacrifice. We recommend that applicants who are engaged attend an internship after they are married.

Vacation: No personal breaks are permitted during the internship. Personal breaks include, but are not limited to, ministry trips, weekend trips, family reunions, graduations, weddings, and the like. Interns are expected to plan ahead and keep the internship session an uninterrupted season of consecration and impartation.

Personal appearance: Interns are expected to uphold a clean, modest, and non-distracting appearance in their dress for all meetings, classes, services, and gatherings throughout the International House of Prayer community. We desire to bring glory to Jesus with our bodies and clothing. We also ask that clean, untorn clothing and shoes be worn when on any ministry platform at the International House of Prayer.

Health insurance: Applicants should provide their own health insurance coverage. Neither IHOPU nor the internship program are responsible for covering hospitalization, visits to the doctor, or medications.

Vehicle: Interns are responsible for their own transportation and timeliness (i.e., they must be punctual for meetings and classes) whether they have a vehicle or not. We recommend that each intern have access to a reliable vehicle throughout the internship.

Personal expenditures: Interns are required to have sufficient funds to cover all personal and living expenses incurred throughout the internship. Due to the extensive time commitments during the program, interns should not acquire outside employment.

INTERNATIONAL HOUSE OF PRAYER MISSIONS BASE FOUNDATIONAL COMMITMENTS

For all staff, IHOPU students, and interns:

We recognize that external rules of behavior are not the highest ideal for any Christian community and desire that our motivation for holiness would be love for Jesus and His people, not rules. In this spirit we affirm the following:

The International House of Prayer community expects all its staff members (all staff, students, and interns), to make a personal commitment to live counter to the prevailing moral laxity of our society by not participating in, advocating, supporting, or condoning sexual activity (heterosexual or homosexual) outside of marriage between a man and a woman, as set forth in the Scripture. Further, we will demonstrate our commitment to Christ and to each other by refraining from the use of tobacco and the public or social use of alcoholic beverages.

INTERNATIONAL HOUSE OF PRAYER STATEMENT OF FAITH

We believe only the sixty-six books of the Bible are the inspired and therefore inerrant Word of God. The Bible is the final authority for all we believe and how we are to live. (Mt. 5:18; Jn. 10:35; 17:17; 2 Tim. 3:16–17; 2 Pet. 1:20–21)

We believe Jesus Christ is God incarnate, fully God and fully man. He was conceived and born of a virgin, lived a sinless life, and offered Himself as a penal, substitutionary sacrifice for sinners. By His blood shed at the cross, He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints forever. (Mt. 1:18–25; Jn. 1:1–18; Rom. 8:34; 1 Cor. 15:1–28; 2 Cor. 5:21; Gal. 3:10–14; Eph. 1:7; Phil. 2:6–11; Col. 1:15–23; Heb. 7:25; 9:13–15; 10:19; 1 Pet. 2:21–25; 1 Jn. 2:1–2)
We believe salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required or accepted in order to be saved. This saving grace of God, through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ. (Jn. 1:12–13; 6:37–44; 10:25–30; Acts 16:30–31; Rom. 3:1–4:23; 8:1–17, 31–39; 10:8–10; Eph. 2:8–10; Phil. 2:12–13; Titus 3:3–7; 1 Jn. 1:7, 9)

We believe the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom we are also sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion, the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the Church to fulfill its calling and mission. (Mt. 3:11; Jn. 1:12–13; 3:1–15; Acts 4:29–30; Rom. 8:9; 12:3–8; 1 Cor. 12:12–13; 2 Cor. 1:21–22; Gal. 3:1–5; Eph. 1:13–14; 5:18)

We believe the one true God exists eternally in three persons—Father, Son, and Holy Spirit—and that these, being one God, are equal in deity, power, and glory. We believe God not only created the world, but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name. (Ps. 104:1–35; 139:1–24; Mt. 10:29–31; 28:19; Acts 17:24–28; 2 Cor. 13:14; Eph. 1:9–12; 4:4–6; Col. 1:16–17; Heb. 1:1–3; Rev. 1:4–6)

We believe that when Christians die, they pass immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and the glorious transformation of their bodies. The saved will then forever dwell in blissful fellowship with their great triune God. We also believe that when unbelievers die, they are consigned to hell, there to await the Day of judgment when they shall be punished in the lake of fire with eternal, conscious, and tormented separation from the presence of God. (Mt. 25:46; Lk. 16:19–31; Jn. 5:25–29; 1 Cor. 15:35–58; 2 Cor. 5:1–10; Phil. 1:19–26; 3:20–21; 2 Thes. 1:5–10; Rev. 20:11–15; 21:1–22:15)

We believe that water baptism and the Lord’s Supper are the two ordinances of the Church to be observed until the time of Christ’s return. They are not a means of salvation but are channels of God’s sanctifying grace and blessing to the faithful in Christ Jesus. (Mt. 26:26–29; 28:19; Rom. 6:3–11; 1 Cor. 11:23–34; 1 Pet. 3:21)

We believe in the literal second coming of Christ at the end of the age when He will return to earth personally and visibly to consummate His kingdom. We believe the Church will go through the great tribulation with great power and victory. We believe the Church will be raptured at the end of the great tribulation. We also believe in and are praying for a great end-time harvest of souls and the emergence of a victorious Church that will experience an unprecedented unity, purity, and power in the Holy Spirit. (Ps. 2:7–9; 22:27–28; Jn. 14:12; 17:20–26; Rom. 11:25–32; 1 Cor. 15:20–28; 50–58; Eph. 4:11–16; Phil. 3:20–21; 1 Thes. 4:13–5:11; 2 Thes. 1:3–12; Rev. 7:9–14)

We believe Adam was originally created in the image of God, righteous and without sin. As a consequence of his disobedience, Adam’s posterity is born subject to both imputed and inherent sin, and all humans are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God. (Gen. 1:1–3:22; Ps. 51:5; Isa. 53:5; Rom. 3:9–18; 5:12–21; Eph. 2:1–3)

We believe the Church is God’s primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the Church apostles, prophets, evangelists, pastors, and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe women, no less than men, are called and gifted to proclaim the gospel and do all the works of the kingdom. (Mt. 16:17–19; Acts 2:17–18, 42; Eph. 3:14–21; 4:11–16; 1 Tim. 2:11–15; Heb. 10:23–25; 1 Pet. 2:2–5, 9–10)

We believe God has called the Church to preach the gospel to all nations, to especially remember the poor, and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God. (Isa. 58:6–12; 61:1; Mt. 5:1–7:28; 28:18–20; Lk. 4:18; 21:1–4; Gal. 2:10; 1 Tim. 6:8)
We believe Satan, originally the great and good angel Lucifer, rebelled against God, taking a multitude of angels with him. He was cast out of God’s presence and is at work with his demonic hosts to establish his counter-kingdom of darkness, evil, and unrest on earth. Satan was judged and defeated at the cross of Christ and will be cast forever into the lake of fire which has been prepared for him and his angels. (Isa. 14:10–17; Ezek. 28:11–19; Mt. 12:25–29; 25:41; Jn. 12:31; 16:11; Eph. 6:10–20; Col. 2:15; 2 Pet. 2:4; Jude 6; Rev. 12:7–9; 20:10)
PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

Name ____________________________ Phone ____________________________

IHOPU program and start date ____________________________ Email ____________________________

Under the Family Educational Rights and Privacy Act, students enrolled at IHOPU have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

☐ I understand that students enrolled in IHOPU have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

Signature ____________________________ Date ____________________________

☐ I DO NOT WAIVE my right of access to the letter of reference.

Signature ____________________________ Date ____________________________

TO BE COMPLETED BY THE PASTORAL REFEREE

The pastoral referee must be unrelated to the applicant and must have known the applicant for at least one year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email admissions@ihopu.org.

Name ____________________________

Church name ____________________________

Staff position ____________________________

Church phone ____________________________

Church address ____________________________

City, state, zip/post code, country ____________________________

Contact phone ____________________________

Email ____________________________
1. How long have you known the applicant? How well do you know him/her? 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2. Please describe the applicant’s level of involvement in your church. 

__________________________________________________________________________

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3. What is the applicant’s effect on his/her peers? 

__________________________________________________________________________

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4. Has the applicant served your congregation in any capacity? □ Yes □ No If yes, please give a brief description. 

__________________________________________________________________________

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5. IHOPU programs consist of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints? 

__________________________________________________________________________

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6. What is your assessment of the applicant’s ability to handle situations involving change, crisis, and correction? 

__________________________________________________________________________

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7. From your observation, what are the strengths and spiritual gifts of the applicant? 

__________________________________________________________________________

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8. From your observation, what are the applicant’s weaknesses and struggles? 

__________________________________________________________________________

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9. Are you aware of any complex family or relational factors that might affect the applicant’s time at IHOPU? 

__________________________________________________________________________

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10. Please assess the applicant in the following areas:

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<thead>
<tr>
<th>Area</th>
<th>Uncertain</th>
<th>Weak</th>
<th>Fair</th>
<th>Good</th>
<th>Outstanding</th>
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<tr>
<td>Spiritual maturity</td>
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<td>Family life</td>
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Additional comments or explanations:

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11. Would you have the applicant on your staff? □ Yes □ No  Why or why not?

____________________________________________________________________________________

____________________________________________________________________________________

12. Do you recommend this applicant for IHOPU?

□ Highly recommend   □ Recommend   □ Recommend with reservations*  □ Do not recommend*

*Please explain:

____________________________________________________________________________________

____________________________________________________________________________________

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Additional comments:

____________________________________________________________________________________

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____________________________________________________________________________________

Signature  ___________________________  Date  ___________________________
PERSONAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

Name ___________________________________________ Phone __________________________________________

IHOPU program and start date __________________________ Email ________________________________

Under the Family Educational Rights and Privacy Act, students enrolled at IHOPU have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

☐ I understand that students enrolled in IHOPU have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

Signature _____________________________ Date _____________________________

☐ I DO NOT WAIVE my right of access to the letter of reference.

Signature _____________________________ Date _____________________________

TO BE COMPLETED BY THE PERSONAL REFEREE

The personal referee must be unrelated to the applicant and must have known the applicant for at least two years.

Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email admissions@ihopu.org.

Name ___________________________________________

Age ____________________________________________

Phone __________________________________________

Address __________________________________________

City, state, zip/post code, country ________________________________

Email __________________________________________

Personal Recommendation Form, 09-24-12
1. How long have you known the applicant? How well do you know him/her?

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</tbody>
</table>

Additional comments or explanations:

________________________________________________________________________
________________________________________________________________________

9. Do you recommend this applicant for IHOPU?
   - [ ] Highly recommend
   - [ ] Recommend
   - [ ] Recommend with reservations*
   - [ ] Do not recommend*

*Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Do you support the applicant’s decision to move to Kansas City as an IHOPU student or intern?  
    - [ ] Yes  
    - [ ] No  

Why or why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature ____________________________  Date ____________________________
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CHILDREN

Please list any children ages 1–12 (1-year-olds must be walking) you wish to register for IHOPKC’s Children’s Equipping Center children’s tracks.

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<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of birth</th>
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</table>

Do any of the children you wish to register require medical care, have special needs or behavioral issues, or need medication? □ Yes □ No

If yes, please attach a separate sheet of paper listing any issues, medications, or other concerns.

Please list any children ages 13–17 whom you would like to participate in the internship program with you. Please have each one include a brief written testimony and statement of what they hope to get out of the internship.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of birth</th>
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</table>
FINANCES

If you are applying for the One Thing or Fire in the Night internship, program tuition includes three meals per day in the cafeteria and dorm-style housing. Beyond tuition, how will you provide for expenses such as laundry, phone, personal supplies, and recreation?

If you are applying for the Intro to IHOPKC or Simeon Company internship, program tuition does not include any housing or meals. You must meet the following minimum financial requirements:

  Single: $700/month
  Married: $1,400/month
  Married with children: $1,600/month

Beyond tuition, please explain your financial plans for support, insurance, transportation, housing, food, recreation, and other expenses.

DATING

Are you in a dating/courting relationship or engaged?  □ Yes  □ No  If yes, answer the following questions.

Is the person you are in relationship with planning to attend an IHOPU program/be living in the Kansas City area during your internship?  □ Yes  □ No  If yes, please explain.

Please explain how you plan on adjusting your relationship according to the internship dating policy (see the IHOPU Internship Guidelines in the main application form) if accepted into the internship.

MUSICAL TRAINING

Are you a singer?  □ Yes  □ No  Please rate your level of experience.

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<th></th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Proficient</th>
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<tr>
<td>History of taking vocal lessons</td>
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<tr>
<td>Experience with a live band</td>
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<tr>
<td>Experience with performing</td>
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<tr>
<td>Proficiency with your voice</td>
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<tr>
<td>Experience leading worship</td>
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Additional comments:
Are you a musician?  □ Yes  □ No  Please rate your level of experience on your primary instrument.

Primary instrument: _______________________

<table>
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<tr>
<th></th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Proficient</th>
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<tr>
<td>Sight reading</td>
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<td>Playing by ear</td>
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<tr>
<td>Reading notes</td>
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<td>Reading chords</td>
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<tr>
<td>History of taking music lessons</td>
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<tr>
<td>Experience leading worship</td>
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Additional comments:
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Do you play any other instruments?  □ Yes  □ No  Please list them below in order of proficiency.
________________________________________________________________________
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Do you plan to audition for a worship team while you are at IHOPKC?  □ Yes  □ No
If yes, please describe in what capacity you are hoping to be involved.
________________________________________________________________________
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BACKGROUND CHECK AUTHORIZATION

Each intern will have service hours during their International House of Prayer University internship. Some of these hours may include working with the children’s ministry of the International House of Prayer. We therefore require that each applicant fill out and sign this form to authorize a background check. This written authorization is required to complete the application process.

Name

Date of birth

Social security number*

Driver’s license number*

Issuing state of driver’s license*

Complete address as listed on driver’s license*

Have you ever been reported to a Social Service Agency/Department of Family Services? □ Yes  □ No
If yes, please explain.

Have you ever been accused of or reported for physical or sexual abuse? □ Yes  □ No     If yes, please explain.

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the International House of Prayer of Kansas City (IHOPKC) to investigate my background and check references as it relates to my working with children and youth during the internship I am applying for. I understand this could also include a police background check as well as investigation by professional agencies. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for the internship will not be processed further.

Signature ____________________________ Date ____________________________

Name of internship (please print)

*If you are an international applicant, you may substitute your passport information.

Background Check Authorization Form, 09-24-12