



Application for Admission

Please complete ALL items by printing or typing, and forward to DCFI Correspondence School with the \$65 non-refundable, application fee. If an item is not applicable, enter NA. If any space is insufficient, attach a sheet with the additional information. If married couples are applying please fill out an application for each person. In order for us to better serve you, we are requesting information about you, as well as a photo.

Name of applicant _____ Male Female

Telephone _____ FAX _____ E-Mail _____

Nationality _____ Birthdate _____

Marital Status: Single Married Divorced / Widowed Number of Children _____

Church Attending _____ Denomination _____

Pastor's Name _____

Pastor's Phone _____ Church's Phone _____

List Senior High School(s) and Higher Institution(s) attended including formal Bible/Christian Service Education

_____ Dates _____
_____ Dates _____

Are you ordained licensed with credentials by _____

Hobbies, interests _____

Have you been directly involved with leading someone to Christ? Briefly describe this experience _____

What would you describe as your basic spiritual gifts? _____

Types of Christian work in which you have been active _____

What are your plans after completing the church planting school? _____

What are your church leaders' opinions of these goals? _____

Have you read Larry Kreider's book House to House? _____

Correspondence School Order Form

Please enroll me in the Correspondence School.

- Enclosed is:
- My completed student application
 - \$65 non-refundable, application fee
 - Module I: \$295
 - Module II: \$320
(\$295 tuition plus \$25 for training materials)
 - Module III: \$295
 - Send me a copy of the *House To House* book by Larry Kreider, \$11.50
(\$8.95+\$2.55 shipping & handling)

 - Please indicate if you prefer an electronic version of the notebook.**

Total \$ _____

* Additional students discounted \$100 per module

Charge Card Orders

MasterCard Visa Exp. Date _____
Account Number _____ - _____ - _____ - _____
Name on Card _____ Signature _____
CVV# (number on signature panel) _____

**Send form and checks made payable to:
Church Planting & Leadership Video School**
11 Toll Gate Road, Lititz, PA 17543 USA
Phone: 717.627.1996 Fax: 717.627.4004
E-mail: CPS@dcfi.org www.dcfi.org

I understand that I am responsible to return all videos and will pay for the cost of return shipment. I will be billed for all unreturned videos at the cost of \$19.95 each.

Signature of applicant _____ Date _____