

V.I.S.O.M.

Victory International School of Ministry *Enhancing, Advancing & Expanding God's Kingdom*

Ephesians 4:11-12

“And he himself gave some to be apostles, some prophets, and some pastors and teachers, for the equipping of the saints for the work of ministry, for the edifying of the body of Christ.”

The mission of **Victory International School of Ministry** is to enhance the body of Christ, advance the 21st century church and expand the Kingdom of God through out the world.

We will accomplish our mission by training men and women who are either called to full-time ministry or the ministry of helps that they may be able to effectively minister in the area in which the Lord has called them.

We believe “**the Church**” prospers dynamically when men and women are properly prepared and equipped in the **Word**, and know how to follow the leading of the Holy Spirit.

You will experience **victory** as God's Word brings revelation to your heart and mind, and a revolution to your life and ministry! **Apply today!**

TUITION FEES:

Application Fee	25.00
Registration Fee	75.00
Total Tuition For 2 year program	1,500.00

APPLICATION & REGISTRATION FEE ARE NON-REFUNDABLE

(Payment plan is available)

BOOKS AND RESOURCES ARE INCLUDED IN THE TUITION

CLASS SCHEDULE

Tuesday 6:00 PM to 9:15 PM

CURRICULUM

Some of the courses included are:

Growing up Spiritually * Spirit filled living * Foundations of Faith * Love: the Royal Law * Old Testament and New Testament Survey * Leadership Development * Supernatural Living * Personal Evangelism * Power Evangelism * Church Based Training * Church Planting * Leadership Integrity * Ministry of Helps * Praise and Worship * Led by the Spirit * Jesus the Healer * Discipleship

Student Application for Admission

(Please print clearly as you would like it to appear on your student ID)

First Name _____ **Last Name** _____

Address _____ **City** _____ **State** _____

Zip _____ **Phone ()** _____ **Work Phone**
() _____

Sex M () F () **SS#** _____ **Date of Birth** _____

Please Give Email: _____

General Information:

Date of Salvation: _____ **Date Baptized:** _____

Are you presently an active member of a local church? YES () NO ()

Do you serve in a church position? YES () NO () **How Long?** _____ **Position?** _____

Do you have a High School Diploma? YES () NO () **G.E.D.?** YES () NO ()

Married () or single () **If married, will your spouse support your training?** YES () NO ()

Church Name: _____ **Pastor:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Phone: ()** _____

For office use only:
Start date _____
First month's tuition _____

Application fee _____
Registration fee _____
Amount paid _____

Criminal Record

Have you ever been arrested? YES () NO () If yes, When? _____ Where? _____

Have you ever been jailed? YES () NO () If yes, When? _____ Where? _____

Have you ever been convicted of a misdemeanor? YES () NO () Felony? YES () NO ()

If yes, what were the charges? _____

Have you been on or are you currently on probation? YES () NO () Parole? YES () NO ()

Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? YES () NO ()

Have you ever been accused, questioned, or investigated for spousal abuse? YES () NO ()

If yes to any of these questions, please give details here: _____

Medical Information

Please rate you general health: Excellent () Good () Fair () Poor () Age? _____

Do you have any health ailments or disabilities that would require special accommodation? YES () NO ()

Are you currently being treated for a major illness? YES () NO () If yes, please explain: _____

Are you allergic to any medication? YES () NO () If yes, please explain: _____

Are you currently on any medication? YES () NO () If yes, Please list _____

Medical Consent

I, the undersigned, do hereby grant full permission to Victory International School of Ministry or any related or consulting physician to render to give emergency medical aid, care or treatment that they deem necessary. I also state that should extended hospitalization be required, I grant complete permission for such care and treatment to be given. This consent I give freely and voluntarily, fully knowing and understanding all the above and it's relation to and effect upon me.

Please print your full name: _____

Signature _____ Date _____

Statement of truth

I understand that all the items submitted to VISOM as part of this application process become the permanent property of VISOM and will not be returned. I hereby state that all the information contained on this application is correct and true. If VISOM is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal. I also understand that any use of alcohol and/ or nonprescription drugs or abusive use of prescription drugs are grounds for immediate dismissal.

Signature _____ Date: _____