



# Cromwell Christian School of Ministry

## Student Application Packet

Dear Prospective Student,

Thank you for your interest in Cromwell Christian School of Ministry: Intensive Training School and Gap Year Program! This school has a rich history and legacy of raising men and women to be effective warriors in the Kingdom of God, committed to their purpose and equipped to advance the Kingdom as part of the local Body of Christ.

Please use the checklist below to make sure you thoroughly complete the application packet.

**The application will not be reviewed until our office has received this Student Application, the Pastors Reference, and the \$35 nonrefundable application fee.**

Once an application is fully submitted, we will review the application. You may or may not have an interview. You will receive your acceptance or rejection letter within 2 weeks of submitting the application.

Please contact us if you have any questions!

God bless you,

*Kristin Burnworth*

Kristin Burnworth, Dean  
Cromwell Christian School of Ministry: Intensive Training School & Gap Year Program  
1607 Cromwell Bridge Road  
Baltimore, MD 21234  
717-572-5862  
[ccsm@rockcitychurch.com](mailto:ccsm@rockcitychurch.com)  
[www.ccsm.me](http://www.ccsm.me)

### **CCSM Application Packet Checklist**

- Student Application Complete
  - Include headshot
  - Fill each section
  - Sign and date
  - Send to us via email at [ccsm@rockcitychurch.com](mailto:ccsm@rockcitychurch.com), by mail, or in person
- Pastor's Reference Complete
  - Submitted to your pastor
  - The pastor should send the reference directly to us at: [ccsm@rockcitychurch.com](mailto:ccsm@rockcitychurch.com)
- Application fee paid
  - To pay online, visit [www.ccsm.me](http://www.ccsm.me) and click on "Pay CCSM Tuition." The last box on the payment page is "CCSM"; enter \$35.00. In the comment box, enter your name and "CCSM App Fee."
  - To pay by check, make checks payable to Rock City Church, with "CCSM App Fee" and your name on the memo line. Submit the check to our finance office or by mail.
  - Notify us at [ccsm@rockcitychurch.com](mailto:ccsm@rockcitychurch.com) to confirm the payment has been received



# Cromwell Christian School of Ministry

## Student Application for Admission

<p>Enclose a picture of yourself to fit this space</p>	<p><b>Which program of study are you applying for? (Please check one)</b></p> <p><input type="checkbox"/> One-Year Christian Service Track</p> <p><input type="checkbox"/> Two-Year Ministry Preparation Track</p> <p>Send your completed application via email: <a href="mailto:ccsm@rockcitychurch.com">ccsm@rockcitychurch.com</a> or mail to: 1607 Cromwell Bridge Rd, Baltimore, MD 21234</p> <p>For more questions, contact us at 717-572-5862</p>
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### Personal Information

Full Name: \_\_\_\_\_ Sex:  Male  Female

*Last* *First* *M.I.*

Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

\_\_\_\_\_

*Country* *Passport #* *Social Security #*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

*(City, State, Country)*

Marital Status:  Single  Engaged  Married  Widowed  Divorced  Separated

*(If divorced or separated, attach a brief statement giving details)*

If engaged, explain plans for the future: \_\_\_\_\_

If married, what is your: Spouse's Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Has your spouse ever been divorced?  YES  NO No. of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Explain the status of your family while you are in school: \_\_\_\_\_



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## Parent/Guardian

If you are 18 years old and/or still a dependent of your parents/guardians, please include their information:

	Father/Guardian	Mother
Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Occupation:	_____	_____

## Emergency Contact

**Emergency Contact** (If different from parent information above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

## Home Church Details

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Pastor's Phone #: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_  
(City, State, Country)

When did you receive Christ as your Savior? \_\_\_\_\_

Have you been: Baptized? \_\_\_\_ When? \_\_\_\_\_ Holy Spirit Baptized? \_\_\_\_ When? \_\_\_\_\_

- Which ministries have you participated in?
- Preaching
  - Youth Ministry
  - Children's Work
  - Missionary Work
  - Evangelism
  - Solos/Duets
  - Choir
  - Worship Leading
  - Piano
  - Stringed Instruments
  - Other Instruments
  - Other



## Education and Employment History

**Education:**

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
(City, State, Country)

Years Completed: \_\_\_\_\_ Date of Graduation or GED Completion: \_\_\_\_\_

Please list any other colleges, universities, or schools you have attended in the spaces provided below.

Academic Institution	Location	Dates Attended:	Diploma/Degrees Earned

**Employment History:** Please include your work history over at least the past 3 years. You may use a separate paper if needed. *Begin with your current, or most recent, employer.*

Employer 1: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

If you no longer work here, why not? \_\_\_\_\_

Employer 2: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

If you no longer work here, why not? \_\_\_\_\_

## Financial Resources

What is your anticipated source of income while at Cromwell Christian School of Ministry? \_\_\_\_\_

What is your anticipated monthly income? \_\_\_\_\_

What are your financial liabilities? \_\_\_\_\_

What are your monthly payments towards those liabilities? \_\_\_\_\_



**Health Information**

Health Insurance Provider: \_\_\_\_\_

Group/Member ID: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Please attach your current immunization record

Do you have any allergies to food, medication, or other?     Food     Medication     Both     Other

If so, please specify and describe reactions when exposed, and treatment methods: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you ever use an EpiPEN in case of exposure?     YES     NO

If yes, do you have your own EpiPEN?     YES     NO

Rock City Church, CCSM, and their representatives have my permission to administer first aid and/or approve medical treatment for me if necessary.

YES     NO

Do you have any of the following: physical limitations, disabilities, communicable diseases, mental or emotional disorders?

YES     NO

If so, please describe: \_\_\_\_\_

Have you ever been under psychiatric care?     YES     NO

If so, please describe: \_\_\_\_\_

Please provide the name & address of your physician: \_\_\_\_\_

Do you use any of the following: tobacco, narcotics, or alcohol? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_



### References

*Please list two references who know you well, either personally or professionally. Do not list immediate family members or the pastor who is completing your Pastors Reference.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Short Essay Questions

1. Tell us about yourself in your own words: who are you? What do you enjoy? Why do you want to come to CCSM?

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2. Please share your faith journey. How did you come to know God? How would you describe where you currently are in your walk with Him? What victories and testimonies can you share? What are you doing to continue growing?

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3. Describe a challenge you have faced, and how you overcame it. Be specific!

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**Disclaimer and Signature**

*I promise that, if admitted to Cromwell Christian School of Ministry, I will at all times conduct myself as a Christian. I will faithfully and diligently apply myself to the studies required by the college curriculum. I will promptly meet all financial and other obligations, and carefully obey the rules and regulations as set forth by the college and its faculty.*

*By signing below, I affirm that I am the applicant listed on this form. I authorize Cromwell Christian School of Ministry ("CCSM") and its representatives to administer First Aid and/or take me to a medical facility for treatment. I understand that I am responsible for any medical or dental costs not covered by my insurance. I acknowledge the risk of physical injury or the possibility of acquiring a communicable illness by participating in all activities at CCSM, or wherever they may take place, including off-site events. I accept personal financial responsibility for any illness, bodily or personal injury sustained or associated with all activities at/or sponsored by CCSM on or off-site. Further, I agree to hold harmless CCSM, their representatives, and/or the facility of visitation for illness or injury sustained during all activities at CCSM during or off-site activities sponsored by CCSM or its partners. I understand that I am solely responsible for all legal fees and other fees arising from legal proceedings that I may pursue against CCSM, its partners or its representatives. CCSM and its representatives are not liable for comprehensive and collision coverage for the use of public, private, or chartered vehicle transportation for school-sponsored activities. I understand that CCSM has a No-Refund Policy. Refunds will not be issued for any reason. Lastly, I understand that my photograph may be used for promotional endeavors including but not limited to magazines, brochures, fliers, web publications, and media presentations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Cromwell Christian School of Ministry

Student Application for Admission

**Office Use Only**  
**Application Review: Bishop Bart Pierce, President**

President's Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative**

- Application Fee Paid                      Date: \_\_\_\_\_
- Pastors Reference Received              Date: \_\_\_\_\_
- Application Rejected                      Date: \_\_\_\_\_





# Cromwell Christian School of Ministry

## Pastor's Reference

Name of Applicant: \_\_\_\_\_

**To the Applicant:** Print your name on the line above and give this form to your pastor. If your father is your pastor, please refer the form to another minister or head layman in your church. If a person other than your pastor or assistant pastor completes the form, *you* must send an explanation.

**To the Pastor:** Each applicant for admission to CCSM must submit a recommendation from his or her pastor as mentioned above. Serious consideration is given to the recommendation, and therefore we request that you complete the form carefully and candidly. Because we expect straightforward comments, we will handle this recommendation with the strictest confidence.

**Mailing Instructions:** Please submit the completed reference via mail or email to the contact listed below. Please notify the applicant that you have submitted this reference form.

c/o Kristin Burnworth  
Cromwell Christian School of Ministry  
1607 Cromwell Bridge Road  
Baltimore, MD 21234  
ccsm@rockcitychurch.com

This Reference is to be completed by the pastor, not by the Applicant.

1. How long have you known the applicant? \_\_\_\_\_

How long has he/she been in your church? \_\_\_\_\_

2. How well do you know the applicant? (select from the following scale)

- Just by name and sight
- Casually – have had a few personal contacts
- Fairly well – have had a number of personal contacts
- Have had a very close pastoral relationship

3. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes
- No
- I don't know

Comments: \_\_\_\_\_

4. To what extent is the applicant engaged in the activities of your church (please select one)?

- Is irregular in attendance, little interest in activities
- Attends regularly but seldom participates in activities
- Is cooperative and usually willing to help in the various activities of the church
- Enthusiastically engages in the activities for his/her age



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## Pastor's Reference

5. In what forms of Christian service has the applicant been regularly active? (i.e. Sunday School, youth groups, choir, etc.) \_\_\_\_\_

\_\_\_\_\_

6. If the applicant does not participate, do you know why? \_\_\_\_\_

\_\_\_\_\_

7. In comparison with other young people you know, how would you rate this person in the following areas?

	Most Outstanding	Superior	Above Average	Average	Below Average
Leadership					
Responsibility					
Loyalty to Church					
Commitment					

8. In your opinion, does the applicant possess any outstanding abilities? Please describe:

\_\_\_\_\_

\_\_\_\_\_

9. Please circle the terms which best describe the applicant's attitude toward the Church, and toward the things for which the Church stands.

- |              |              |              |          |              |
|--------------|--------------|--------------|----------|--------------|
| Warm-hearted | Devoted      | Enthusiastic | Critical | Contemptuous |
| Apathetic    | Sympathetic  | Bitter       | Tolerant | Respectful   |
| Rebellious   | Antagonistic | Loving       | Passive  | Grateful     |

Other: \_\_\_\_\_

10. In your estimation, this applicant's spiritual influence in his/her classmates will be (please circle one):

- |               |         |           |              |
|---------------|---------|-----------|--------------|
| Strengthening | Neutral | Injurious | I don't know |
|---------------|---------|-----------|--------------|

11. Has the applicant's entire record been such that you would place full confidence in his/her integrity? \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_



# Cromwell Christian School of Ministry

Pastor's Reference

12. Does the applicant smoke, drink, or have they abused drugs? \_\_\_\_\_

13. Are there personality traits which hinder this applicant in his/her relationship with others?  
\_\_\_\_\_

14. Please describe home factors of which you are aware, which might affect the applicant's success at CCSM. We are interested in the positive as well as the negative factors. \_\_\_\_\_  
\_\_\_\_\_

15. Has the applicant discussed with you the concept of a Bible college education? \_\_\_\_\_  
\_\_\_\_\_

16. Do you fully approve of the applicant coming to Cromwell Christian School of Ministry?  
\_\_\_\_\_

17. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Office Use Only**

**Reference Review: Bishop Bart Pierce, President**

President's Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_