est. 1992 Discover Him, Discover You, and What He Wants You to Do!

Cromwell Christian College

Intensive Training School & Gap Program

1605 Cromwell Bridge Rd. Baltimore, MD 21234

Dear Prospective Student,

Thank you for your interest in Cromwell Christian College (CCC): 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, including student photo, 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,
Jessica Kilmartin, Dean
Cromwell Christian College: Intensive Training School & Gap Year Program
1607 Cromwell Bridge Road
Baltimore, MD 21234
410 882 2217
dean@cromwellchristiancollege.com

CCC (formerly CCSM) Application Packet Checklist

- ☐ Student Application Complete (type or print legibly using blue ink)
 - Include headshot
 - Fill each section
 - Sign and date
 - Send to us via email at dean@cromwellchristiancollege.com, by mail, or in person
- □ Pastor's Reference Complete
 - Submitted to your pastor
 - o The pastor should send the reference directly to: dean@cromwellchristiancollege.com
- Application fee paid
 - To pay online, visit <u>www.ccsm.me</u> and hover over "About." Click "Tuition & Fees" and follow the instructions.
 - To pay by check, make checks payable to Rock City Church, with "CCC App Fee" and your name on the memo line. Submit the check to our finance office or by mail.
 - Notify us at <u>dean@cromwellchristiancollege.com</u> to confirm the payment has been received

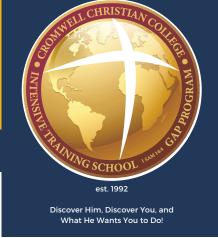
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	Which program of study are you applying for? (<i>Please check one</i>)
Enclose a picture	☐ One-Year Christian Service Track
of yourself to fit this space	☐ Two-Year Ministry Preparation Track
	Send your completed application via email: dean@cromwellchristiancollege.com or mail to: 1607 Cromwell Bridge Rd, Baltimore, MD 21234 For more questions, contact us at 410 882 2217
Personal Informa	

or mail to: 1607 Cromwell Bridge Rd, Baltimore, MD 21234 For more questions, contact us at 410 882 2217				
Personal Informat	tion ***	Type or print respo	onses legibly in blue	ink. ***
Full Name:				
Last		First		MI
Biological gender at birth	n (circle one):	Biological Male	Biological Female	
Address:				
Street address			Apartme	ent/ Unit #
City State			Zip	Code
Country		Passport #	Socia	I Security #
Phone:		Email:		
Age: Birth	Date:			
Marital Status: If engaged, explain plans for the future:		ngaged Married V		Separated
If married, what is your:	Spouse's Name	::	_Anniversary:	
Spouse's Occupation:				
Has your spouse ever be	een divorced?	YES □ NO No of chi	ildren: Ages:	

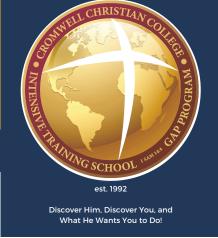


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Personal Information Continued

Explain the status of you	ır family while you are	in school:	
Parent/Guardian			
	ather/Guardian	I	Mother/Guardian
Name:			
Address:			
Phone:			
	heck if deceased		☐ Check if deceased
Emergency Conta	<u>act</u>		
Name:			
Address:			<u> </u>
Phone:			
Relation to you:			<u> </u>
Home Church De	<u>tails</u>		
Home Church:		Pastor: _	
Pastor's Phone #:		Church Phone	# :
Church Mailing Addres			
	(City, State, Cou	ntry)	



Personal

Academic Institution

Cromwell Christian College

Intensive Training School & Gap Program

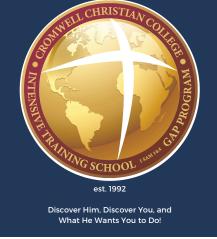
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Degree Earned

When did you receive Ch	rist 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 colleg	ges, universities, or schools you have attended in the spaces provided below.			

Dates Attended

Location



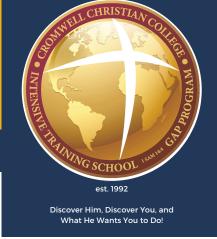
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Employment History:

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:	
	Phone Number:
Briefly describe your duties:	
If you no longer work here, why not?	
Employer 2:	
Address:	
	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?	

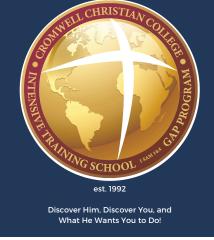


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Health Information

Health Insurance Provider:
Group/Member ID:
Named Insured:
☐ Please attach your current immunization record
Do you have any allergies to food, medication, or other?
If so, please specify and describe reactions when exposed, and treatment methods:
Do you ever use an EpiPEN in case of exposure?
If yes, do you have your own EpiPEN? ☐ YES ☐ NO
Rock City Church, CCC, 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:



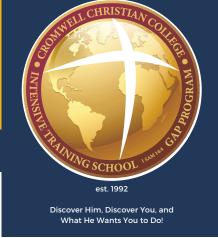
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References

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 Pastor's Reference.

Full Name:		Relationship:	
Address:			
Phone:	Email:		
-			
Full Name:		Relationship:	
Address:			
Phone:	Email:		

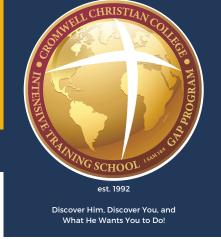


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Short Essay Questions

1.	Tell us about yourself in your own words: Who are you? What do you enjoy? Why do you want to come to CCSM?
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?
3.	Describe a challenge you have faced, and how you overcame it. Be specific!



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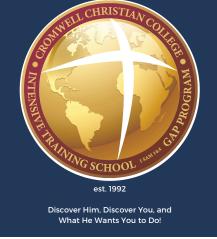
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Disclaimer and Signature

I promise that, if admitted to Cromwell Christian College, 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 College ("CCC") 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 CCC, 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 CCC on or off-site. Further, I agree to hold harmless CCC, their representatives, and/or the facility of visitation for illness or injury sustained during all activities at CCC during or off-site activities sponsored by CCC 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 CCC, its partners or its representatives. CCC 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 CCC 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:



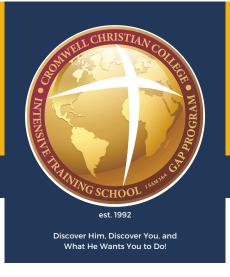
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Office Use Only

Application Review: Bishop Bart Pierce, President

President's Notes/Comments:			
Signature of President:		Date:	
	Administrative		
□ Application Fee Paid	Date		
☐ Pastoral Reference Received	Date		
☐ Application rejected	Date		



Name of Applicant: _

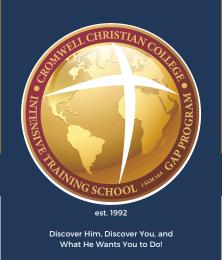
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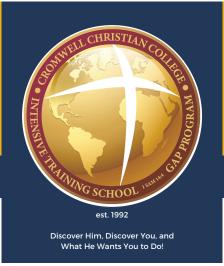
<u>Cromwell Christian College</u> <u>Pastoral Reference</u>

your	ne Applicant : Print your name on the line above and give this form to your pastor. If your father is pastor, please refer the form to another minister or head layman in your church. If a person other your pastor or assistant pastor completes the form, <i>you</i> must send an explanation.
pasto reque	Pastor : Each applicant for admission to CCC must submit a recommendation from his or her or as mentioned above. Serious consideration is given to the recommendation, and therefore we est that you complete the form carefully and candidly. Because we expect straightforward ments, we will handle this recommendation with the strictest confidence.
	ng Instructions: Please submit a copy of the completed reference via mail or email to the contact I below. Please notify the applicant that you have submitted this reference form.
Crom 1607 Baltir	essica Kilmartin nwell Christian College Cromwell Bridge Road more, MD 21234 @cromwellchristiancollege.com
Th	nis 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:



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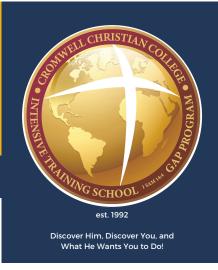
4.	To what extent is the applicant engaged in the activities of your church (please select one)? Is irregular in attendance, little interest in activities Attends regularly but seldom participates in activities Is cooperative and usually willing to help in the various activities of the church Enthusiastically engages in the activities for his/her age					
5.	In what forms of Christian service has the applicant been regularly active? (i.e., Sunday School, youth groups, choir, etc.)					
3.	. 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
		Outstanding	Superior	Average	Average	Average
L	eadership					
	esponsibility					
	oyalty to hurch					
С	ommitment					
3.	In your opinio	on, does the appl	icant possess a	any outstanding	abilities? Please	e describe:



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

Wa	rm-hearted	Devoted	Enthusiastic	Critical	Contemptuous		
Apathetic		Sympathetic	Bitter	Tolerant	Respectful		
Rebellious		Antagonistic	Loving	Passive	Grateful		
	Other:						
10.	In your estimat circle one):	ion, this applicant's	spiritual influence	in his/her classn	nates will be (please		
	Strengthening	Neutral	Inju	rious	I don't know		
11.		ant's entire record b Comments:	-	•	confidence in his/her		
12. Does the applicant smoke, drink, or have they abused drugs?							
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 applica	ant discussed with y	ou the concept of	a Bible college e	education?		
16.	Do you fully ap	prove of the applica	ant coming to Cror	nwell Christian S	chool of Ministry?		



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17. Additional comments:								
Signature:	Date:							
Printed Name:	Position:	Position:						
Church Name:	Phone Number:							
Address:								
Office Use Only								
Reference Review: Bishop Bart Pierce, President								
President's Notes/Comments:								
Signature of President:	Date:							