



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](mailto: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](mailto:dean@cromwellchristiancollege.com), by mail, or in person
- Pastor's Reference Complete
  - Submitted to your pastor
  - The pastor should send the reference directly to: [dean@cromwellchristiancollege.com](mailto:dean@cromwellchristiancollege.com)
- Application fee paid
  - To pay online, visit [www.ccsm.me](http://www.ccsm.me) 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 [dean@cromwellchristiancollege.com](mailto:dean@cromwellchristiancollege.com) to confirm the payment has been received



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

<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:dean@cromwellchristiancollege.com">dean@cromwellchristiancollege.com</a> or mail to: 1607 Cromwell Bridge Rd, Baltimore, MD 21234 For more questions, contact us at 410 882 2217</p>
--	---

## Personal Information

\*\*\* Type or print responses legibly in blue ink. \*\*\*

Full Name:

*Last*

*First*

*MI*

Biological gender at birth (circle one):

Biological Male

Biological Female

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: \_\_\_\_\_



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

## Personal Information Continued

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

\_\_\_\_\_

Parent/Guardian

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

Check if deceased

Check if deceased

## Emergency Contact

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

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

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

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

## Home Church Details

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

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

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



# Cromwell Christian College

Intensive Training School & Gap Program

1605 Cromwell Bridge Rd.  
Baltimore, MD 21234

est. 1992

Discover Him, Discover You, and  
What He Wants You to Do!

## Personal

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	Degree Earned



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

## 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? \_\_\_\_\_



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

## 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, 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:



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

## 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: \_\_\_\_\_



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

## 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!

---

---

---

---

---





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

## 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: \_\_\_\_\_



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

## 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 \_\_\_\_\_



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

## Cromwell Christian College Pastoral 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 CCC 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 a copy of 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 Jessica Kilmartin  
Cromwell Christian College  
1607 Cromwell Bridge Road  
Baltimore, MD 21234  
dean@cromwellchristiancollege.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: \_\_\_\_\_



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

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.) \_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_



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

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: \_\_\_\_\_

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? \_\_\_\_\_



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

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: \_\_\_\_\_