

GATEWAYS TRAINING SCHOOL

Instructions for Applying

Thank you for applying for the Gateways Training School in Cyprus. Please type or print all information in either blue or black ink. For questions that may not apply to you put N/A.

Please mail the following to the Gateways Beyond Cyprus office.

Gateways Beyond

P.O. Box 54516

CY 3725, Limassol

CYPRUS

1. Your completed Application Form
2. A recent photo of yourself

Please mail the following to the Gateways Beyond US office.

Gateways Beyond

P.O. Box 155101

Ft. Worth, TX 76155

USA

1. Non-refundable application fee of \$50. Make checks payable to "Gateways Beyond"

Please have your pastor either fax or mail the following directly to the Gateways Beyond Cyprus office.

Fax: +357-25-434-401 (CYPRUS)

1. Pastoral Recommendation Form (see form included below)

When the Gateways Training School office has received all your forms, the application fee, and the Pastoral Recommendation Form from your pastor, your application will be evaluated. You will then be notified as to the status of your application.

This application can also be found on our web site and submitted directly on-line at:

<http://www.gatewaysbeyond.org/gts/application.php>

If you have any questions, or would like to contact us, our email address is:

gts@gatewaysbeyond.org

GATEWAYS TRAINING SCHOOL

Application Form-CYPRUS

Personal

Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Male Female

Date of Birth _____ Place of Birth _____ Age _____

Marital Status : Single Engaged Married Separated Divorced

Name of Spouse _____ Name(s) of Children _____

Permanent Address _____ City _____ State _____

Zip _____ Country _____

Current Address _____ City _____ State _____

Zip _____ Country _____

Home Phone _____ Daytime Phone _____

Fax _____ E-mail _____

Congregation

Do you attend a congregation regularly? Yes No Are you a member? Yes No

Name of Congregation _____ Pastor's Name _____

Phone Number _____ E-mail _____

Address of Congregation _____ City _____

State _____ Zip _____ Country _____

Spiritual

Date you made a commitment to follow Yeshua _____

Have you been water baptized? Yes (date _____) No

Have you had an Acts 2:4 experience, being baptized in the Holy Spirit?

Yes (date _____) No

Passport/ Visa Information

Passport Number _____ Passport expiry Date _____

Name as listed on Passport _____

City and Country where Passport issued _____

Country of citizenship _____

Have you ever been refused a Visa? Yes (specify country) _____ No

Have you ever traveled to a foreign country? Yes No

Where _____ When _____ Organization _____

Skills/ Education

Occupational Skills _____

Musical Ability _____

Languages _____

Date graduated from high school/GED: _____

Years of college/university completed: _____

Degree in _____ Degree completed? Yes No

Please rate your experience in the following areas: (E=Experienced, S=Some Experience, N=No Experience)

____ Public Speaking ____ Leading small group Bible study

____ Personal Counseling ____ Preaching to a large group

Employment

Your employer may be contacted.

Present Employer _____

Length of Employment _____ Employer's Phone Number _____

Employer's Address _____

Self Evaluation

On a scale from 1 to 10, 10 being the highest, please evaluate your personal strengths and weaknesses.

____ Relating to new people ____ Establishing relationships

____ Maintaining friendships ____ Problem solving

____ Sense of humor ____ Confronting

____ Ability to finish what is started ____ Encouragement

____ Conversations with strangers ____ Listening

____ Ability to submit to leadership ____ Being an example

History

Note: Answering YES to the following questions will not automatically disqualify you from acceptance. Please feel free to attach a separate sheet of paper if you feel you need more space to fully answer.

Have you used tobacco, illegal drugs, or excessive alcohol in the past 2 years? Yes No

If yes, please explain: _____

Have you ever been arrested? Yes No

If yes, please explain: _____

Have you ever been involved with the occult, witchcraft, or cults? Yes No

If yes, please explain: _____

Have you been involved in an immoral relationship with the opposite or same sex? Yes No

If yes, how long since last involved in immoral relationship (opposite or same sex)? _____

Essays

Please answer the following questions on a separate sheet of paper. Answer the questions briefly, yet completely to the best of your ability.

1. Describe your conversion experience and your present relationship with the Lord.
2. Explain why you are interested in attending this particular school.
3. Describe any ministry goals including Jewish outreach.
4. What do you see as your strongest and weakest character qualities? Why?
5. Who has made the biggest impact on your life, besides the Lord? Explain.
6. Does your family know and endorse your plans to attend this school?

Medical

In case of an emergency, please let us know who we can contact

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Country _____ Phone _____ E-mail _____

Personal Medical Info:

Height_____ Weight_____ Blood Type_____ (O,A,B,AB,+,-)

Are you allergic to any drugs or medication No Yes (specify) _____

Do you have a physical handicap, disability, or disease, which might affect your ability to fully function as a student? _____Yes _____No

If so, please explain:

Do you have any chronic illness or allergies (including food)? _____Yes _____No

If so, please explain:

I would describe my health fitness as Excellent Good Average Poor

Consent for Medical Treatment

In case of an emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicants Signature _____ Date _____

Parent/guardian's signature _____ Date _____

(Required only if applicant is under 18 years of age)

Relationship to Applicant _____

Other Information

Location of school applying for _____

Date of school applying for _____

Where did you hear about the GTS? _____

Do you know or are you in relationship with anyone who has or is applying to the upcoming GTS?

If so, please give their name _____

Do you have all your school fees? Yes No

Do you have any outstanding debts? Yes No (specify) _____

Agreement

I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read the GTS Handbook. I accept the stated policies and agree to abide by them while a student at the Gateways Training School.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(Required only if applicant is under the age of 18)

Please attach a recent photo of yourself to the bottom of this sheet.

This school reserves the right to require the withdrawal of any student who is considered to be out of harmony with the spirit of Gateways Beyond.

GATEWAYS TRAINING SCHOOL

Pastoral Recommendation

Dear Pastor,

This applicant is applying for admission to the Gateways Training School in Cyprus. They will be required to participate in group activities in a wide variety of circumstances and environments. It is necessary for them to be able to follow direction, work well with others, and most of all to be flexible in every situation. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. The applicant will not be accepted until this form is received. Thank you for your cooperation.

For more information on the school, please go to our website:

www.gatewaysbeyond.org/gts.php

Pastor: Please fax (or mail) this form DIRECTLY to Gateways Beyond.

Fax: 357.25.434.401

Gateways Beyond

P.O. Box 54516

CY 3725, Limassol

CYPRUS

Applicant's Name _____

Pastor's Name _____

Congregation Name _____

Congregation Address _____

City/State/Zip _____

Country _____

Phone _____

Pastor's Email _____

How long have you known the applicant? _____

How well do you know him/her? _____

On a scale from 1-10 (10 being the highest, 1 being the lowest), please rate the applicant in the following areas:

Spiritual life _____

Godly Character _____

Willing to Serve _____

Work Habits _____

Team Player _____

Social Skills _____

Response to Authority _____

Response to Correction _____

Adaptability _____

Teachable Spirit _____

Ability to make decisions _____

Ability to handle stress _____

Please note anything about the applicant or their home life that we should know.

To what extent is the applicant active in congregational life?

In your opinion what are the applicants motives for applying for the Gateways Training School?

Do you have any indication that the applicant's desire to be involved in the Gateways Training School has been significantly influenced by a desire to escape a difficult family situation (i.e. family problems, financial struggle, troubled romance)? Yes No

If yes, please explain:

Based on my knowledge, the applicant is:

- Strongly recommended
- Recommended
- Recommended with reservation
- Not recommended at this time

Is your congregation standing behind the applicant with enthusiasm and prayer? _____

Other comments:

Signature _____ Date _____