

## Application

# elevate

Discipleship School at Mosaic Community Church



**October 1 – May 9**  
**Monday thru Friday**  
**8:30 – 12:30**

The **purpose** of Elevate is to set you up to receive deeply from God, to develop and strengthen your character in God, and to lay a foundation for you to fulfill your dreams with God for a lifetime. This happens through biblical study, intentional community, discipleship, and life-changing teachings, training, and experiences.



# Application for Elevate 2010-11

## The Discipleship School at Mosaic Community Church

We're so excited that you're interested in the discipleship school at Mosaic! We look forward to talking with you more about being a part of the school this year. We recognize that this application may seem thorough. By answering these questions honestly and completely, you are helping us identify strengths and weaknesses that will aid in maximizing your growth and potential in the school this year.

All information given in this application is confidential and will only be read by the Mosaic staff directly involved in the interview process. *In regards to the Confidential Morals Questionnaire, male staff will review male applicants and female staff will review female applicants.*

### Instructions:

- Please answer all questions completely and legibly. Use the application form and attach additional sheets, as necessary, to the end of the application.
- This application may take you a few hours to complete. Start early and turn the application in as soon as possible, **BUT NO LATER THAN JUNE 1ST**
- Be sure to give your three references plenty of time to complete their sheets by the JUNE 1ST deadline. You must provide each of your references with a stamped envelope addressed to:

**Mosaic Community Church  
c/o Elevate  
212 25<sup>th</sup> Ave South  
Seattle, WA 98144**

- A passport size photo should be attached to your application. (It does not have to be an actual passport photo. You may cut a picture, which clearly shows your face.)
- **All applications and references should be turned in to the Mosaic Office by JUNE 1ST**  
If mailing, send to Mosaic Community Church c/o Elevate at the address above.
- Your returned application should contain the following items:
  - application form
  - physical/psychological questionnaire
  - morals questionnaire
  - why you want to attend Elevate report
  - photo attached to application

Late applications may be considered. We reserve the right to deny any late applicants on the basis of lateness alone.

After your application is received, you will be contacted regarding interview times. You will be contacted for an interview, which usually last 30 - 60 minutes (we may choose to conduct this over the phone).

**If you have any questions about the school, the prerequisites, or the application process, please contact us at: (206) 323-9016 or email at: [elevate@mosaic-seattle.org](mailto:elevate@mosaic-seattle.org)**



## Personal Information

Applying for which school?

Day

Night

Attach  
photo  
here

Full legal name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status: (fill out all that apply)

- Single are you currently dating anyone? \_\_\_\_\_ If so, who? \_\_\_\_\_
- Engaged fiancé's name and birth date: \_\_\_\_\_  
Will your fiancé be applying for the school? \_\_\_\_\_ Date of wedding: \_\_\_\_\_
- Married spouse's name and birth date: \_\_\_\_\_  
Will your spouse be applying for the school? \_\_\_\_\_ Anniversary: \_\_\_\_\_
- Separated date of separation: \_\_\_\_\_
- Divorced number of divorces and date(s) of divorce: \_\_\_\_\_
- Widow/er date of spouse's death: \_\_\_\_\_

Children's name(s) and Birth date(s): \_\_\_\_\_

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If you are expecting a child, please give the due date: \_\_\_\_\_

Citizen of which country: \_\_\_\_\_ Do you have a passport? **Yes / No** Expiration Date: \_\_\_\_\_

Highest level of Education on beginning date of Elevate: (please check only one)

- Have not finished high school
- High school diploma or GED
- Some college classification? \_\_\_\_\_
- Technical school degree what major? \_\_\_\_\_
- Bachelor's degree what major? \_\_\_\_\_
- Master's degree what major? \_\_\_\_\_
- PhD or professional degree what subject/degree? \_\_\_\_\_

Have you previously applied to this school?  Yes  No If yes, were you accepted?  Yes  No

If you were accepted, but did not attend, please explain: \_\_\_\_\_

If you were not accepted, why (to the best of your knowledge)? \_\_\_\_\_



## Financial Information

Tuition for **Elevate** is **\$2500 per person**. A deposit of \$250 per person is due (upon your acceptance) by June 15th; the remaining amount **must be paid in full on the first day of the school**. An additional estimated cost for the outreach trip is \$2,500 - \$4,000 and must be paid in full before you can go on the trip (please note that you may raise financial support for this outreach). \*Funds received for your tuition costs (from you or others) are *not* tax deductible.

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

Job Title and brief description: \_\_\_\_\_

Hourly <sup>or</sup> Salary? \_\_\_\_\_ Income: \$ \_\_\_\_\_ per hour / month \_\_\_\_\_ Hrs worked per week: \_\_\_\_\_  
(circle) (circle)

Please fill in all of your major monthly financial obligations as well as any debts that you have. Use a separate sheet if necessary.

### **Charge Cards:**

(list each card that is *not* paid in full each month)

\_\_\_\_\_ Balance: \_\_\_\_\_

\_\_\_\_\_ Balance: \_\_\_\_\_

\_\_\_\_\_ Balance: \_\_\_\_\_

**Student Loans** total: \_\_\_\_\_

Loans (not student loans) total: \_\_\_\_\_

House Mortgage monthly payment: \_\_\_\_\_

Medical Insurance monthly payment: \_\_\_\_\_

Car Insurance monthly payment: \_\_\_\_\_

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

**Note: this is not an accredited school.** If you have any student loans, you must begin paying them six months from the time you stop attending college full-time. If you have student loans, who will pay for these while you attend the school? \_\_\_\_\_

Do you tithe (10%) regularly to the local church? Yes No

Do you give offerings over and above a tithe regularly? Yes No

## Family Background

List any siblings you have and their ages: \_\_\_\_\_

Are your parents Christians and are they currently involved in a church? \_\_\_\_\_

What is your current relationship with your parents like? How do they feel about you doing this program? \_\_\_\_\_

Briefly describe your family background: \_\_\_\_\_





## Ministry Interest

Check the one that describes your **current** leadership responsibility:

- I have never been involved in leading cell groups.
- I am not currently in cell leadership. The last position I held was: \_\_\_\_\_
- I attend a LifeGroup. Leaders: \_\_\_\_\_ Section Leaders: \_\_\_\_\_
- I am a LifeGroup Intern. Leaders: \_\_\_\_\_ Section Leaders: \_\_\_\_\_
- I am a LifeGroup leader. Co-leaders: \_\_\_\_\_ Section Leaders: \_\_\_\_\_

Check the ministry area you are most interested in working with during Elevate

- I am interested in adult ministry
- I am interested in youth ministry
- I am interested in college ministry
- I am interested in children's ministry

Please check the one that most closely describes your long-term ministry interest:

- I am interested in working in the secular world.....what profession? \_\_\_\_\_
- I am interested in leading a church plant.....which country? \_\_\_\_\_
- I am interested in being a church plant team member.....which country? \_\_\_\_\_
- I am interested in cell ministry.....which church? \_\_\_\_\_
- I am interested in training or administration for MMI\*.....what area? \_\_\_\_\_  
*\*MMI is Mosaic Ministries International, our church's missions arm.*
- Other \_\_\_\_\_

Have you taken any mission trips? \_\_\_\_\_ When & where? \_\_\_\_\_

Who were your leaders? \_\_\_\_\_

In which countries and with what organizations (other than MMI) have you done mission work in the past?

\_\_\_\_\_

**On a separate sheet of paper please tell us why you're interested in attending Elevate.**



# Medical and Psychological Questionnaire

***\*We recognize that a person's past is a very tender subject due to the painful experiences that many have had. However, on the following questionnaires we need you to be extremely honest about the questions in order for us to assess how we can most effectively help you. A past problem in an area does not necessarily exclude you from the school. The information that you share with us will be treated confidentially and will be seen only by those directly involved in your application decision.***

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How many days were you absent from work (or school) due to illness in the last year? \_\_\_\_\_

Will you have medical insurance during your training program? Yes No  
(Elevate does not provide medical coverage for students.)

Are you currently taking any medication or under a doctor's care? Yes No  
If so, indicate reason, medication, purpose and any limitations it may cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any handicaps or health conditions that require special care? Yes / No Explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any chronic illnesses or allergies? Yes / No If so, what are they? \_\_\_\_\_

\_\_\_\_\_

Have you used any narcotics, hallucinogens or drugs not prescribed by a physician in the past two years? \_\_\_\_\_

If so, what kind and when? \_\_\_\_\_

Do you now drink alcoholic beverages? Yes / No If so, how frequently? \_\_\_\_\_

Do you now use tobacco products? Yes / No If so, how frequently? \_\_\_\_\_

What are your thoughts in general on consuming alcohol and tobacco products?  
\_\_\_\_\_  
\_\_\_\_\_

If asked, would you abstain from the consumption of alcohol and tobacco during Elevate? Yes / No

Have you been treated for a drug or alcohol problem in the past two years? Yes / No If yes, Please explain:

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

How often do you tend to experience strong anxiety? Have you ever struggled with related symptoms (i.e. cutting, panic attacks, attempted suicide, etc...) Please explain: \_\_\_\_\_

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



Have you had any prolonged problems with depression or mood swings in the past two years? Yes / No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you struggled with an eating disorder (anorexia, bulimia, or overeating) in the past two years? Yes / No  
If so, please explain the nature of the problem, extent, when you began having difficulty, and any other specifics that may help us to understand your particular situation.

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

Have you seen a professional counselor in the past two years for any reason other than career or premarital counseling? Yes / No If yes, when? For what purpose? How was it helpful? \_\_\_\_\_

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

Have you consulted a physician/psychiatrist/psychologist concerning a mental or emotional condition in the past two years? Yes / No If yes, when? For what purpose? How was it helpful? \_\_\_\_\_

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

Have you had episodes of rebellion in your life in the last two years? (defiance of authority figures, not open to any accountability, defiance of rules or laws, illegal activities, etc.) Yes / No If yes, explain: \_\_\_\_\_

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

Have you ever been convicted of a crime or felony? Yes / No If yes, please explain: \_\_\_\_\_

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



# Confidential Questionnaire

Name \_\_\_\_\_

*This section will only be reviewed by training school staff of your same gender.*

1. Have you ever been physically or sexually abused, or raped? Or have you been the perpetrator? Yes No  
If yes, please tell when this occurred: \_\_\_\_\_

Have you seen a professional counselor about these events? \_\_\_\_\_ If yes, how was it helpful? \_\_\_\_\_

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2. What are your convictions regarding premarital and extra-marital physical involvement? (e.g. petting and sexual involvement) \_\_\_\_\_

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3. Have you set guidelines for yourself in the physical area to ensure minimal temptation? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

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4. Have you had a relationship in the past two years with a member of the opposite sex that would not be considered above reproach? (i.e., heavy kissing, fondling, sexual intercourse, extra-marital involvement, etc.) \_\_\_\_\_

If so, when was the last occurrence of involvement in this kind of relationship? (Month/year) \_\_\_\_\_

What was the extent of physical involvement? (Please be specific) \_\_\_\_\_

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a. **Singles:** Have you dated other men/women since the last occurrence? \_\_\_\_\_ If so, what has your physical relationship been with them? \_\_\_\_\_

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b. **Married:** How has this affected your relationship with your spouse? \_\_\_\_\_

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5. Please explain any current struggles with sexual temptation, masturbation, fantasy, pornography, difficulty applying your guidelines/convictions, etc. \_\_\_\_\_

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6. a. **female:** Have you ever had an unmarried pregnancy or abortion? \_\_\_\_\_

b. **male:** Have you ever been responsible for a girlfriend's unmarried pregnancy or abortion? \_\_\_\_\_

If so, when? Explain the circumstances: \_\_\_\_\_

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7. Have you had any type of homosexual relationship in the past two years? \_\_\_\_\_

If so, when was the last occurrence of involvement in this kind of relationship? (Month/year) \_\_\_\_\_

What was the extent of physical involvement? (Please be specific) \_\_\_\_\_

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How does this affect your current relationships with the same sex? \_\_\_\_\_

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**Self Awareness:** Please circle the 3 areas you struggle with most:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Comparison                | <input type="checkbox"/> Self-Justification | <input type="checkbox"/> Lust (Masturbation, Pornography) |
| <input type="checkbox"/> Insecurity/Low Self-Worth | <input type="checkbox"/> Control            | <input type="checkbox"/> Depression                       |
| <input type="checkbox"/> Materialism               | <input type="checkbox"/> Manipulation       | <input type="checkbox"/> Hatred                           |
| <input type="checkbox"/> Envy/ Jealousy            | <input type="checkbox"/> Coarse Joking      | <input type="checkbox"/> Gluttony                         |
| <input type="checkbox"/> Anger                     | <input type="checkbox"/> Lying              | <input type="checkbox"/> Passivity                        |
| <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Co-dependency      | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Rebellion                 | <input type="checkbox"/> Idolatry           |   |
| <input type="checkbox"/> Greed                     | <input type="checkbox"/> Pride              |   |
| <input type="checkbox"/> Fear                      | <input type="checkbox"/> Unforgiveness      |   |

Do you have any additional comments or clarification about anything on this questionnaire? \_\_\_\_\_

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## Section Leader (or Pastor) Reference

(someone in direct authority over you in a ministry/spiritual environment)

I, \_\_\_\_\_ have applied to be a student in ELEVATE beginning in October 2010.

*I have referred you to Elevate for information concerning my character and fitness for this school. The Elevate staff would appreciate your honest, straightforward answers, evaluating both my assets and liabilities. Elevate's standards are high because of the special demands of this school and the positions of spiritual leadership in which people are placed. Thus, the school needs accurate information about me in a variety of areas in order to make a fair appraisal of my qualifications. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence and that I will not see this form after you complete it.*

**Reference Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

In what relationship? \_\_\_\_\_

How well would you say you know the applicant?

Very well  
Well

Average

Not Very Well  
Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the discipleship school has been significantly influenced by:

- |   |     |    |
|---|-----|----|
| A. A desire to escape personal, family or vocational situations?      | Yes | No |
| B. An unrealistic appraisal of what is involved in Christian service? | Yes | No |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Does the applicant have the ability to make decisions and follow through on them? Yes No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. How does the applicant respond to authority? \_\_\_\_\_  
\_\_\_\_\_

4. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Comment on the applicant's (a) Sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_  
\_\_\_\_\_

(b) Ability to work with others: \_\_\_\_\_

6. What is the applicant's attitude toward other groups, races or nationalities? \_\_\_\_\_  
\_\_\_\_\_



7. To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

\_\_\_\_\_

8. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. Yes No

9. To your knowledge, has the applicant ever used narcotics, hallucinogens or drugs not prescribed by a physician? If yes, please explain on another page. Yes No

10. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? If yes, please explain on another page. Yes No

11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. Yes No

12. What outstanding abilities or talents does the applicant have? \_\_\_\_\_

\_\_\_\_\_

13. What degree of confidence would you have in this applicant in:

(A) Pastoral Ministry  
1 2 3 4 5  
lowest highest

(B) Leadership  
1 2 3 4 5  
lowest highest

Please comment. \_\_\_\_\_

\_\_\_\_\_

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

\_\_\_\_\_

\_\_\_\_\_

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

Occupation: \_\_\_\_\_

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Mosaic Community Church  
c/o Elevate  
212 25<sup>th</sup> Ave South  
Seattle, WA 98144



# Employer or Teacher Reference

(someone in direct authority over you in your current or most recent work/school environment)

I, \_\_\_\_\_ have applied to be a student in ELEVATE beginning in October 2010.

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**Reference Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

In what relationship? \_\_\_\_\_

How well would you say you know the applicant?

Very well  
Well

Average

Not Very Well  
Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the discipleship school has been significantly influenced by:

- |   |     |    |
|---|-----|----|
| A. A desire to escape personal, family or vocational situations?      | Yes | No |
| B. An unrealistic appraisal of what is involved in Christian service? | Yes | No |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Does the applicant have the ability to make decisions and follow through on them? Yes No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. How does the applicant respond to authority? \_\_\_\_\_  
\_\_\_\_\_

4. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Comment on the applicant's (a) Sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_  
\_\_\_\_\_

(b) Ability to work with others: \_\_\_\_\_  
\_\_\_\_\_



6. What is the applicant's attitude toward other groups, races or nationalities? \_\_\_\_\_

\_\_\_\_\_

7. To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

\_\_\_\_\_

8. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. Yes No

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1 2 3 4 5  
lowest highest

(B) Leadership  
1 2 3 4 5  
lowest highest

Please comment. \_\_\_\_\_

\_\_\_\_\_

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

Occupation: \_\_\_\_\_

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# Friend Reference

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**Reference Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

In what relationship? \_\_\_\_\_

How well would you say you know the applicant?

Very well  
Well

Average

Not Very Well  
Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

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- |   |     |    |
|---|-----|----|
| A. A desire to escape personal, family or vocational situations?      | Yes | No |
| B. An unrealistic appraisal of what is involved in Christian service? | Yes | No |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Does the applicant have the ability to make decisions and follow through on them? Yes No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. How does the applicant respond to authority? \_\_\_\_\_  
\_\_\_\_\_

4. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Comment on the applicant's (a) Sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_  
\_\_\_\_\_

(b) Ability to work with others: \_\_\_\_\_  
\_\_\_\_\_



6. What is the applicant's attitude toward other groups, races or nationalities? \_\_\_\_\_

\_\_\_\_\_

7. To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

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1 2 3 4 5  
lowest highest

(B) Leadership  
1 2 3 4 5  
lowest highest

Please comment. \_\_\_\_\_

\_\_\_\_\_

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

\_\_\_\_\_

\_\_\_\_\_

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

Occupation: \_\_\_\_\_

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