



# INTERNATIONAL HOUSE OF PRAYER UNIVERSITY

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## APPLICATION

### Instructions:

1. Please indicate below which school or internship you are applying for, and the month and year you are applying for.
2. Visit [IHOP.org/ihopu](http://IHOP.org/ihopu). View the Academic Calendar to find the exact start date, and the Tuition page for tuition amount, as these are subject to change.
3. Insert the specific start date and tuition amount for your program on page 1 of the application.
4. All applicants for IHOPU schools and internships should complete the IHOPU application, pages 1–7.
5. If you are applying for an internship, please also complete the addendum and background check authorization form at the back of the application.

Forerunner School of Ministry:  August/year \_\_\_\_\_  January/year \_\_\_\_\_

TheCall Institute:  August/year \_\_\_\_\_  January/year \_\_\_\_\_

Forerunner Music Academy:  August/year \_\_\_\_\_  January/year \_\_\_\_\_

Forerunner Media Institute:  August/year \_\_\_\_\_

Intro to IHOP–KC:  January/year \_\_\_\_\_  April/year \_\_\_\_\_  July/year \_\_\_\_\_  September/year \_\_\_\_\_

One Thing Internship:  January/year \_\_\_\_\_  July/year \_\_\_\_\_

Fire in the Night:  January/year \_\_\_\_\_  April/year \_\_\_\_\_  July/year \_\_\_\_\_  September/year \_\_\_\_\_

Simeon Company:  January/year \_\_\_\_\_  April/year \_\_\_\_\_  July/year \_\_\_\_\_  September/year \_\_\_\_\_

### IHOPU APPLICATION FORM INCLUDES

1. IHOPU application form
2. IHOPU internship guidelines
3. IHOP–KC foundational commitments
4. IHOP–KC vision statement
5. IHOP–KC statement of faith
6. Pastoral recommendation form (completed by someone who is unrelated to the applicant and has known the applicant for at least one year)

7. Personal recommendation form (completed by someone who is unrelated to the applicant and has known the applicant for at least two years)
8. Internship application addendum and background check authorization form (internship applicants only)

## APPLICATION PROCESS

The application has seven components, which must all be sent together in one packet. Admissions decisions will not be made until we receive your *complete* application.

1. Application form, completed and signed, with addendum, if applying for an internship
2. Current, personal photograph attached to the application
3. Personal testimony typed on a separate sheet; no more than two pages
4. Completed, pastoral recommendation in a sealed and signed envelope
5. Completed, personal recommendation in a sealed and signed envelope
6. Non-refundable \$50 application fee per applicant; \$125 for international applicants; make checks payable to IHOPU with the applicant's name in the memo
- 7a. FSM, FMA, FMI, and TCI applicants must submit high school/secondary school transcripts (or official GED copies)
- 7b. Internship applicants must complete the internship addendum and background check authorization form

Applications for internships must be received no later than two weeks prior to the internship start date. Applications for IHOPU's 2012 spring semester must be received no later than December 31, 2011.

## INTERNATIONAL APPLICANTS

If you are an international applicant (any applicant who is not a U.S. citizen, a U.S. national, or a U.S. legal permanent resident), please visit [IHOP.org/admissions/international-admissions](http://IHOP.org/admissions/international-admissions).

## MAILING ADDRESS

International House of Prayer University, Admissions, 12901 S. US Highway 71, Grandview, MO 64030

## ACCEPTANCE

1. We will contact you to let you know we have received your application, and to arrange a phone interview.
2. We will generally notify you of your acceptance or denial within thirty days of your phone interview.
3. Applicants are not accepted to any IHOPU program until they have received an official notification of acceptance from the IHOPU Admissions office.
4. Accepted students and interns will receive further instructions by email from IHOPU.
5. Please email [admissions@ihopu.org](mailto:admissions@ihopu.org) or call 816.763.0243 x.7150 if you have any questions during the application process.

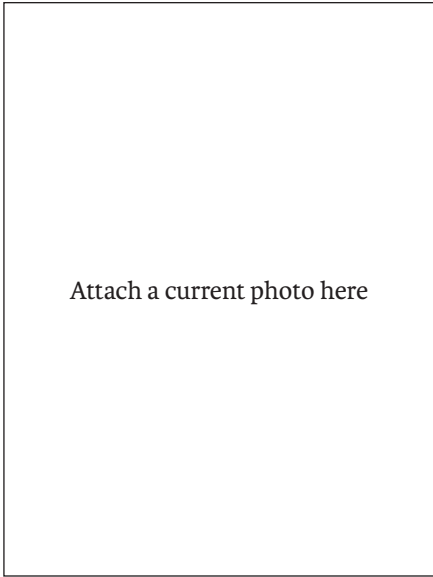
## PAYMENT

Students accepted for spring 2012 must pay tuition by January 23, 2012. Interns may view their program-specific payment deadlines at [IHOP.org/ihopu/internships](http://IHOP.org/ihopu/internships) under the Program Info section of their internship web page.

Payment may be made by credit or debit card through the IHOP-KC business office at 816.763.0200 x.2201, Monday-Friday, 9:00am-5:00pm CST. It may be made by check or money order by mailing to the address above. Make checks payable to International House of Prayer University and include the name of the school or internship, and the applicant's name in the memo.

**PERSONAL INFORMATION**

Date of application \_\_\_\_\_  
School/internship applying for \_\_\_\_\_  
School/internship start date \_\_\_\_\_ Tuition amount \$ \_\_\_\_\_  
Last/family name \_\_\_\_\_  
First/given name \_\_\_\_\_ Middle name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip/post code \_\_\_\_\_ Country \_\_\_\_\_  
Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Email \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of birth (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_



**LEGAL STATUS**

Please check the box that applies to you.

- U.S. citizen    U.S. national    U.S. legal permanent resident
- International applicant (any applicant who is not a U.S. citizen, a U.S. national, or a U.S. legal permanent resident)

If you are currently in the U.S., what type of visa do you have? \_\_\_\_\_  
Country of citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_

**FAMILY INFORMATION**

1. Father/guardian \_\_\_\_\_  Deceased    Living   Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip/post code \_\_\_\_\_ Country \_\_\_\_\_

2. Mother/guardian \_\_\_\_\_  Deceased    Living   Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip/post code \_\_\_\_\_ Country \_\_\_\_\_

3. Marital status; check all that apply.  Single    Engaged    Married    Widowed    Separated\*    Divorced\*  
\*Please include an explanation on a separate sheet of paper.

4. If you are married, please answer the following question. If not, skip to question 5.

Spouse's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ How long married? \_\_\_\_\_

Is your spouse attending IHOPU?  Yes    No   If yes, your spouse must complete a separate application and submit it with yours. If no, please include a letter from your spouse that describes their Christian experience, their feelings about your time at IHOPU, and their feelings about your potential position on staff.

5. Do you have children?  Yes    No   If yes, please list each child coming to Kansas City with you.

Name	Gender	Date of birth	Coming to KC?
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION, EMPLOYMENT, AND MINISTRY BACKGROUND**

1. List senior high/secondary school and institutions of higher education you have attended, with the most recent first.

School name	City, state	Dates attended	Diploma, degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List previous places of employment, with the most recent first.

Employer \_\_\_\_\_ City, state \_\_\_\_\_ Dates \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ City, state \_\_\_\_\_ Dates \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ City, state \_\_\_\_\_ Dates \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Are you currently involved in a local church?  Yes  No If not, please explain on a separate sheet of paper.

4. List previous church involvement, with the most recent first.

Church name, city, and state	Dates	Senior pastor	Attended
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally

5. Describe your previous ministry training and involvement. Use an extra sheet of paper if more space is needed.

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

6. Describe how your church or spiritual family feels about your time as an IHOPU student or intern.

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

7. Do you speak any languages besides English?  Yes  No If yes, which language(s): \_\_\_\_\_

8. (FMA applicants only): What is your primary instrument? Select only one of the following:

- Piano/keys  Acoustic guitar  Electric guitar  Bass guitar  Drums  Voice

Other, please specify \_\_\_\_\_

9. (FMI applicants only): Please list any media experience you have, including skills learned and equipment used. Note: lack of media experience will not necessarily disqualify you from attending FMI.

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### PERSONAL EVALUATION

1. Please assess yourself in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

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2. What do you consider to be your talents, gifts, and strengths?

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3. What do you consider to be your weaknesses or struggles?

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4. What are some of your hobbies and interests?

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5. Describe what aspect of IHOP-KC interests you the most.

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6. How did you hear about IHOP–KC/IHOPU?

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7. What led you to apply to IHOPU?

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8. Have you applied for or attended any training program at IHOPU in the past?  Yes  No

If yes, list which programs, the dates you applied or attended, and why you are applying or attending again.

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9. What is your plan for paying tuition?

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10. Do you plan on bringing a vehicle?  Yes  No

11. Do you currently have any financial debt?  Yes  No If yes, please explain and include your plans for managing it if accepted into IHOPU.

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## PERSONAL TESTIMONY

Please write your personal testimony in a separate typed document. Include the following points:

1. A summary of your personal journey in Christ
2. Any past or present life-controlling issues, whether mental, emotional, or relational
3. Your goals for the future, including your life vision and ministry plans
4. Expectations for your time at IHOPU and a summary of what you hope to learn at IHOPU

## HEALTH INFORMATION

1. Please mark if you have had any occurrences of the following, whether mild or severe:

- |   |  |
|---|--|
| <input type="checkbox"/> ADD or ADHD                          | <input type="checkbox"/> Alcohol abuse   |
| <input type="checkbox"/> Mild depression                      | <input type="checkbox"/> Drug abuse, including cigarettes or prescription drugs    |
| <input type="checkbox"/> Chronic depression                   | <input type="checkbox"/> Long-term medication                                      |
| <input type="checkbox"/> Chronic fatigue syndrome             | <input type="checkbox"/> Eating disorders: bulimia, anorexia, diet obsessive, etc. |
| <input type="checkbox"/> Chronic pain                         | <input type="checkbox"/> Allergies _____   |
| <input type="checkbox"/> Insomnia or other sleeping disorders | <input type="checkbox"/> Asthma  |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> HIV or AIDS   |
| <input type="checkbox"/> Seizures                             | <input type="checkbox"/> Communicable diseases _____                               |
| <input type="checkbox"/> Other _____                          |  |

If you checked any of the above, please explain. Use a separate sheet of paper if necessary.

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2. Do you have any physical disabilities or conditions that require special care?  Yes  No If yes, please explain.

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3. Do you have any substance abuse problems or addictions?  Yes  No If yes, please explain.

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4. Do you currently have, or have you ever had, any life-controlling mental, emotional, or relational issues?

Yes  No If yes, please explain.

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5. Have you ever voluntarily or involuntarily received help for psychological, sexual, emotional, or relational problems?

Yes  No If yes, please provide details below.

Year	Caregiver(s)/program(s)	Identified problem(s)
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. Have you ever been accused of and/or reported for physically or sexually abusing someone?

Yes  No If yes, please explain on a separate sheet.

7. Do you have a police record?  Yes  No If yes, please explain on a separate sheet.

8. Have you ever attempted or considered suicide?  Yes  No If yes, please explain the circumstances. Include when, where, and how you were treated, and whether treatment was voluntary or involuntary.

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9. Do you currently wrestle with suicidal thoughts?  Yes  No If yes, please describe.

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10. Have you ever viewed child pornography?  Yes  No If yes, please explain.

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11. Do you currently have a prescription for medication related to psychological problems?  Yes  No

If yes, describe your treatment methods. You will be asked to list medications in the Medication Disclosure.

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If yes, are you currently taking this medication?  Yes  No

12. Have you taken or been prescribed medication related to psychological problems in the past?  Yes  No  
If yes, please list your medications and describe your treatment methods.

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13. Are you currently taking any other prescription medications?  Yes  No If yes, you will be asked to list medications in the Medication Disclosure.

14. Do you have health insurance?  Yes  No If yes, please describe your coverage here.

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### MEDICATION DISCLOSURE

I am currently on the following medications, and these medications are being prescribed and regulated by the following doctor(s):

Medication	Doctor's name	Doctor's phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to continue taking these medications under the supervision of my doctor's care throughout my time at IHOPU. I understand that failure to keep taking my medications under my doctor's care is grounds for my immediate dismissal.

Student name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### ACKNOWLEDGMENT OF AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.

- I have read, agree with, and will abide by the IHOP-KC internship guidelines (*internships only*).
- I have read, agree with, and will abide by the IHOP-KC Missions Base foundational commitments.
- I have read and agree with the IHOP-KC vision statement.
- I have read and agree with the IHOP-KC statement of faith.
- I understand that my program at IHOPU will include practical ministry training and service to others.
- I understand that I must secure funds sufficient to cover all my tuition before attending IHOPU.
- I understand that I must secure funds sufficient to cover all my personal expenses.
- I declare that the information I have provided in my application is true, accurate, and complete.
- I understand that providing false information in my application may be grounds for denial of my application and/or dismissal from IHOPU.

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



## APPLICATION FEE

A \$50 application fee is due with the application packet for administrative processing. Applications from international students require a \$125 fee. Application fees are nonrefundable.

Please print.

Applicant name \_\_\_\_\_

School/Internship \_\_\_\_\_ Start date \_\_\_\_\_

Please check the box that applies to the applicant.

U.S. citizen/Legal Permanent Resident (\$50)     International (\$125)

### Payment Options

Payment must be made in US dollars.

1. Make a check or money order payable to International House of Prayer University. Write the applicant's name and school/internship in the memo. Attach to this document.

2. Complete the credit card information below.

Check the box that applies.

Visa     Mastercard     Discover     American Express

Cardholder's name as it appears on the card (please print) \_\_\_\_\_

Credit card number \_\_\_\_\_

Billing zip code (US cards only) \_\_\_\_\_

Expiration date \_\_\_\_\_ Security code (3-digit code on back of card) \_\_\_\_\_

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

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## IHOPU INTERNSHIP GUIDELINES (INTERNSHIPS ONLY)

**Teachability:** We ask that every intern be teachable, willing to learn, and sincere in his/her pursuit of holiness.

**Internship dating policy:** Dating is not permitted while attending an IHOPU internship. The purpose of our internships is focused pursuit of the Lord. We are confident that when interns separate themselves for this short season, they will find that the reward far outweighs the sacrifice. Applicants who are engaged are kindly requested to attend an internship after they are married.

**Vacation:** No personal breaks are permitted during the internship. Personal breaks include, but are not limited to, ministry trips, weekend trips, family reunions, graduations, weddings, and the like. Interns are expected to plan ahead and keep the internship session an uninterrupted season of consecration and impartation.

**Personal appearance:** Interns are expected to uphold a clean, modest, and non-distracting appearance in their dress for all meetings, classes, services, and gatherings throughout the IHOP–KC community. We desire to bring glory to Jesus with our bodies and clothing. We also ask that clean, untoned clothing and shoes be worn when on any ministry platform at IHOP–KC.

**Health insurance:** Applicants should provide their own health insurance coverage. Neither IHOPU nor the internship program are responsible for covering hospitalization, visits to the doctor, or medications.

**Vehicle:** Interns are responsible for their own transportation and timeliness (i.e., they must be punctual for meetings and classes) whether they have a vehicle or not. We recommend that each intern have access to a reliable vehicle throughout the internship.

**Personal expenditures:** Interns are required to have sufficient funds to cover all personal and living expenses incurred throughout the internship. Due to the extensive time commitments during the program, interns should not acquire outside employment.

## IHOP–KC MISSIONS BASE FOUNDATIONAL COMMITMENTS

For all IHOP–KC staff, IHOPU students, and interns:

We recognize that external rules of behavior are not the highest ideal for any Christian community and desire that our motivation for holiness would be love for Jesus and His people, not rules. In this spirit we affirm the following:

The IHOP–KC community expects all its staff members (all staff, students, and interns), to make a personal commitment to live counter to the prevailing moral laxity of our society by not participating in, advocating, supporting, or condoning sexual activity (heterosexual or homosexual) outside of marriage between a man and a woman, as set forth in the Scripture. Further, we will demonstrate our commitment to Christ and to each other by refraining from the use of tobacco, and the public or social use of alcoholic beverages.

## IHOP–KC VISION STATEMENT

We desire:

1. To call forth, train, and mobilize intercessors to live a life of prayer as they preach the gospel, heal the sick, help the needy, make disciples, and seek to bring transformation to society; to make it our aim to personally live as fully devoted disciples of Jesus who operate in the forerunner spirit.
2. To establish a perpetual solemn assembly in Kansas City by gathering corporately to fast and pray, because we recognize this as essential to establishing justice in society.
3. To train others to plant houses of prayer, churches, and/or marketplace ministries as the Spirit leads.

## IHOP–KC STATEMENT OF FAITH

We believe only the sixty-six books of the Bible are the inspired and, therefore, inerrant Word of God. The Bible is the final authority for all we believe and how we are to live. (Mt. 5:18; Jn. 10:35, 17:17; 2 Tim. 3:16–17; 2 Pet. 1:20–21)

We believe Jesus Christ is God incarnate, fully God and fully man. He was conceived and born of a virgin, lived a sinless life, and offered Himself as a penal, substitutionary sacrifice for sinners. By His blood shed at the cross, He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints forever. (Mt. 1:18–25; Jn. 1:1–18; Rom. 8:34; 1 Cor. 15:1–28; 2 Cor. 5:21; Gal. 3:10–14; Eph. 1:7; Phil. 2:6–11; Col. 1:15–23; Heb. 7:25, 9:13–15, 10:19; 1 Pet. 2:21–25; 1 Jn. 2:1–2)

We believe salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required or accepted in order to be saved. This saving grace of God, through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ. (Jn. 1:12–13, 6:37–44, 10:25–30; Acts 16:30–31; Rom. 3:1–4:23, 8:1–17, 31–39, 10:8–10; Eph. 2:8–10; Phil. 2:12–13; Titus 3:3–7; 1 Jn. 1:7, 9)

We believe the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom we are also sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion, the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the Church to fulfill its calling and mission. (Mt. 3:11; Jn. 1:12–13, 3:1–15; Acts 4:29–30; Rom. 8:9, 12:3–8; 1 Cor. 12:12–13; 2 Cor. 1:21–22; Gal. 3:1–5; Eph. 1:13–14, 5:18)

We believe the one true God exists eternally in three persons—Father, Son, and Holy Spirit—and that these, being one God, are equal in deity, power, and glory. We believe God not only created the world, but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name. (Ps. 104:1–35, 139:1–24; Mt. 10:29–31, 28:19; Acts 17:24–28; 2 Cor. 13:14; Eph. 1:9–12, 4:4–6; Col. 1:16–17; Heb. 1:1–3; Rev. 1:4–6)

We believe that when Christians die, they pass immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and the glorious transformation of their bodies. The saved will then forever dwell in blissful fellowship with their great triune God. We also believe that when unbelievers die, they are consigned to hell, there to await the Day of judgment when they shall be punished in the lake of fire with eternal, conscious, and tormented separation from the presence of God. (Mt. 25:46; Lk. 16:19–31; Jn. 5:25–29; 1 Cor. 15:35–58; 2 Cor. 5:1–10; Phil. 1:19–26, 3:20–21; 2 Thes. 1:5–10; Rev. 20:11–15, 21:1–22:15)

We believe that water baptism and the Lord's Supper are the two ordinances of the Church to be observed until the time of Christ's return. They are not a means of salvation, but are channels of God's sanctifying grace and blessing to the faithful in Christ Jesus. (Mt. 26:26–29, 28:19; Rom. 6:3–11; 1 Cor. 11:23–34; 1 Pet. 3:21)

We believe in the literal second coming of Christ at the end of the age when He will return to earth personally and visibly to consummate His kingdom. We believe the Church will go through the great tribulation with great power and victory. We believe the Church will be raptured at the end of the great tribulation. We also believe in and are praying for a great end-time harvest of souls and the emergence of a victorious Church that will experience an unprecedented unity, purity, and power in the Holy Spirit. (Ps. 2:7–9, 22:27–28; Jn. 14:12; 17:20–26; Rom. 11:25–32; 1 Cor. 15:20–28, 50–58; Eph. 4:11–16; Phil. 3:20–21; 1 Thes. 4:13–5:11; 2 Thes. 1:3–12; Rev. 7:9–14)

We believe Adam was originally created in the image of God, righteous and without sin. As a consequence of his disobedience, Adam's posterity is born subject to both imputed and inherent sin, and all humans are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God. (Gen. 1:1–3:22; Ps. 51:5; Isa. 53:5; Rom. 3:9–18, 5:12–21; Eph. 2:1–3)

We believe the Church is God's primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the Church apostles, prophets, evangelists, pastors, and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe women, no less than men, are called and gifted to proclaim the gospel and do all the works of the kingdom. (Mt. 16:17-19; Acts 2:17-18, 42; Eph. 3:14-21, 4:11-16; 1 Tim. 2:11-15; Heb. 10:23-25; 1 Pet. 2:4-5, 9-10)

We believe God has called the Church to preach the gospel to all nations, to especially remember the poor, and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God. (Isa. 58:6-12, 61:1; Mt. 5:1-7:28; 28:18-20; Lk. 4:18, 21:1-4; Gal. 2:10; 1 Tim. 6:8)

We believe Satan, originally the great and good angel Lucifer, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness, evil, and unrest on earth. Satan was judged and defeated at the cross of Christ and will be cast forever into the lake of fire which has been prepared for him and his angels. (Isa. 14:10-17; Ezek. 28:11-19; Mt. 12:25-29, 25:41; Jn. 12:31, 16:11; Eph. 6:10-20; Col. 2:15; 2 Pet. 2:4; Jude 6; Rev. 12:7-9, 20:10)

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# PASTORAL RECOMMENDATION FORM

## TO BE COMPLETED BY THE APPLICANT

Name \_\_\_\_\_ Phone \_\_\_\_\_

IHOPU program and start date \_\_\_\_\_ Email \_\_\_\_\_

Under the Family Educational Rights and Privacy Act, students enrolled at IHOPU have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

I understand that students enrolled in IHOPU have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

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

I DO NOT WAIVE my right of access to the letter of reference.

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

## TO BE COMPLETED BY THE PASTORAL REFEREE

The pastoral referee must be unrelated to the applicant and must have known the applicant for at least one year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email admissions@ihopu.org.

Name \_\_\_\_\_

Church name \_\_\_\_\_

Staff position \_\_\_\_\_

Church phone \_\_\_\_\_

Church address \_\_\_\_\_

City, state, zip/post code, country \_\_\_\_\_

Contact phone \_\_\_\_\_

Email \_\_\_\_\_

1. How long have you known the applicant? How well do you know him/her?

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2. Please describe the applicant's level of involvement in your church.

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3. What is the applicant's effect on his/her peers?

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4. Has the applicant served your congregation in any capacity?  Yes  No If yes, please give a brief description.

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5. IHOPU programs consist of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

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6. What is your assessment of the applicant's ability to handle situations involving change, crisis, and correction?

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7. From your observation, what are the strengths and spiritual gifts of the applicant?

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8. From your observation, what are the applicant's weaknesses and struggles?

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9. Are you aware of any complex family or relational factors that might affect the applicant's time at IHOPU?

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10. Please assess the applicant in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

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11. Would you have the applicant on your staff?  Yes  No Why or why not?

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12. Do you recommend this applicant for IHOPU?

Highly recommend     Recommend     Recommend with reservations\*     Do not recommend\*

\*Please explain:

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Additional comments:

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

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INTERNATIONAL HOUSE OF PRAYER UNIVERSITY  
 12901 S. US Highway 71, Grandview, MO 64030  
 Phone: 816.763.0243 | Fax: 816.763.0439 | admissions@ihopu.org

# PERSONAL RECOMMENDATION FORM

## TO BE COMPLETED BY THE APPLICANT

Name \_\_\_\_\_ Phone \_\_\_\_\_

IHOPU program and start date \_\_\_\_\_ Email \_\_\_\_\_

Under the Family Educational Rights and Privacy Act, students enrolled at IHOPU have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

I understand that students enrolled in IHOPU have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

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

I DO NOT WAIVE my right of access to the letter of reference.

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

## TO BE COMPLETED BY THE PERSONAL REFEREE

The pastoral referee must be unrelated to the applicant and must have known the applicant for at least two years. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email admissions@ihopu.org.

Name \_\_\_\_\_

Age \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip/post code, country \_\_\_\_\_

Email \_\_\_\_\_

1. How long have you known the applicant? How well do you know him/her?

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2. What relationship do you have to the applicant?

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3. Please describe your understanding of the applicant's intentions for his/her time as an IHOPU student or intern.

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4. IHOPU programs consist of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

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5. From your observation, what are the strengths and spiritual gifts of the applicant?

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6. From your observation, what are the applicant's weaknesses and struggles?

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7. Are you aware of any complex family or relational factors which might affect the applicant's involvement at IHOPU?

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8. Please assess the applicant in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

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9. Do you recommend this applicant for IHOPU?

- Highly recommend     Recommend     Recommend with reservations\*     Do not recommend\*

\*Please explain:

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10. Do you support the applicant's decision to move to Kansas City as an IHOPU student or intern?  Yes  No  
Why or why not?

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Additional comments:

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

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# INTERNATIONAL HOUSE OF PRAYER UNIVERSITY

## INTERNSHIPS APPLICATION ADDENDUM

### CHILDREN

1. I would like to register my children ages 1–12 (walking 1-year-olds) for IHOP–KC children’s tracks.

Name	Gender	Date of birth
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

2. Do you have any children ages 13–17 who you would like to participate in the internship program with you?

Yes  No

If yes, please have them include a written testimony and statement of what they hope to get out of the internship.

3. Do any of the children that are attending require medical care, have special needs or behavioral issues, or need medication?  Yes  No

If yes, please attach a separate sheet of paper listing any issues, medications, or other concerns.

### FINANCES

1. How do you plan on paying the full amount of the program tuition?

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

2. If you are applying for the One Thing or Fire in the Night internship, program tuition includes three meals per day in the cafeteria and dorm-style housing. Beyond tuition, how will you provide for expenses such as laundry, phone, personal supplies, and recreation?

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

3. If you are applying for the Intro to IHOP–KC or Simeon Company internship, program tuition does not include any housing or meals. You must meet the following minimum financial requirements:

Single: \$700/month

Married: \$1,400/month

Married with children: \$1,600/month

Beyond tuition, please explain your financial plans for support, insurance, transportation, housing, food, recreation, and other expenses.

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## DATING

1. Are you currently engaged or in a dating relationship?  Yes  No If yes, answer the following questions.
2. If accepted into the internship, please explain how you plan on adjusting your dating relationship according to the internship dating policy (see the IHOPU Internship Guidelines in the main application form).

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3. Is the person you are dating a student at IHOPU or applying for an internship or program at the same time as you?  Yes  No If yes, please give details.

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## MUSICAL TRAINING

1. Are you a singer?  Yes  No Please rate your level of experience.

	None	Minimal	Moderate	Proficient
History of taking vocal lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with a live band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with performing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency with your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience leading worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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2. Are you a musician?  Yes  No Please rate your level of experience on your primary instrument.

Primary instrument: \_\_\_\_\_

	None	Minimal	Moderate	Proficient
Sight reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing by ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading chords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of taking music lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with a live band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency on your instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience leading worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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3. Do you play any other instruments?  Yes  No Please list them below in order of proficiency.

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4. Do you plan to audition for a worship team while you are at IHOP-KC?  Yes  No

If yes, please explain in what capacity you are hoping to be involved.

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# BACKGROUND CHECK AUTHORIZATION

Each intern will have service hours during their International House of Prayer University internship. Some of these hours may include working with the children's ministry of the International House of Prayer. We therefore require that each applicant fill out and sign this form to authorize a background check. This written authorization is required to complete the application process.

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Social security number \_\_\_\_\_

Driver's license number \_\_\_\_\_

Issuing state of driver's license \_\_\_\_\_

Complete address as listed on driver's license  
\_\_\_\_\_

Have you ever been reported to a Social Service Agency/Department of Family Services?  Yes  No  
If yes, please explain.

\_\_\_\_\_

Have you ever been accused of or reported for physical or sexual abuse?  Yes  No If yes, please explain.

\_\_\_\_\_

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the International House of Prayer of Kansas City (IHOP-KC) to investigate my background and check references as it relates to my working with children and youth during the internship I am applying for. I understand this could also include a police background check as well as investigation by professional agencies. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for the internship will not be processed further.

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

\_\_\_\_\_  
Name of internship (please print)