

# IMPACT Training Program Application

**We're so excited that you're interested in the IMPACT Training Program at Hope in the City, and we look forward to talking to you more about being a part of it. By honestly and completely filling out this application, you are helping us identify strengths and weaknesses in your life that we will strive to develop for the glory of God.**

All information given in this application is confidential and will only be read by the Hope in the City staff directly involved in the interview process.

## **Instructions:**

- Please answer all questions completely and legibly. Use the application form and attach additional sheets, as necessary, to the end of the application.
- You may be contacted by someone from the Hope in the City Leadership Team if there are questions regarding your application.

## **FINANCIAL INFORMATION**

**\$150 (singles) / \$250 (married) is due once your application has been accepted. This will go towards the 8-month training program. You will need to purchase your own books.**

If you have any questions about the school, the prerequisites, or the application process, please contact us at:  
(512) 892-4673, or email at [chris.padgett@hopeinthecity.org](mailto:chris.padgett@hopeinthecity.org).

*Administrative Use*

Received on: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved on: \_\_\_\_\_



## Finances

Do you own the home you are living in or do you rent? **OWN or RENT**

If you own, do you have a mortgage on the property? **YES or NO**

**If yes, do you have a second mortgage on the same property? YES or NO**

Do you have student loans? **YES or NO**

**If yes, please list the amount and your plan to pay them off:** \_\_\_\_\_  
\_\_\_\_\_

Do you have any consumer debt (credit cards, personal loans, etc...)? **YES or NO**

**If yes, please list the types and the amounts:** \_\_\_\_\_  
\_\_\_\_\_

Do you have any other debt obligations? **YES or NO**

**If yes, please list the debts and the amounts:** \_\_\_\_\_  
\_\_\_\_\_

### HIGHEST LEVEL OF EDUCATION ON BEGINNING DATE OF D-SCHOOL (CHECK ONLY ONE)

\_\_\_ Have not finished high school high school diploma or GED

\_\_\_ 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 major or degree? \_\_\_\_\_

## Family Background

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

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Briefly describe your family background (*i.e.*, home life atmosphere, primary caregivers, number of people living at home, siblings, etc.)

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## Christian Experience

At what age did you become a Christian? \_\_\_\_\_

Briefly describe your salvation experience:

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What is your religious background?

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Current church membership: \_\_\_\_\_ When did you become a member? \_\_\_\_\_

If you do not attend Hope in the City, how did you hear about this school?

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Have you ever been involved in the occult, new age practices, or a cult (Mormons, Jehovah's Witness, etc.)?

**YES** or **NO** If yes, explain \_\_\_\_\_ -

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Have you been water baptized? **YES** or **NO** Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What are your views and understanding of being filled with the Holy Spirit and gifts of the Holy Spirit?

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Briefly describe how you are currently pursuing God.

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## Ministry Interest & Gifts

Have you ever been involved in personally leading someone to Christ? **YES** or **NO**

If so, give an example.

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Have you ever personally discipled a new Christian? **YES** or **NO**

If so, give an example.

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Name your primary and secondary spiritual gifts as you understand them at this time.

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Check the box that describes your current leadership responsibility:

I have never been involved in leading Hope Groups/cell groups/small groups.

I am currently or have been involved in Hope Group/cell group/small group leadership.

*Most recent or current position:*

Hope Group intern

Leaders

Zone Pastor

Hope Group leader

Co-leaders

HG member (How long? \_\_\_\_\_) Name of HG Leader? \_\_\_\_\_

Check any ministry area that you might be interested in working with during IMPACT:

Children's ministry

SERVE Teams

Youth ministry

A/V Team on Sunday morning

College Ministry

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

Please check below anything that 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 . . . . . where? \_\_\_\_\_

\_\_\_ I am interested in being a church plant team member . . where? \_\_\_\_\_

\_\_\_ I am interested in small group ministry . . . . . which church? \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Have you taken any mission trips with Hope in the City? \_\_\_\_\_

Which group? When? \_\_\_\_\_

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

In what countries and with what organizations (other than Hope in the City) have you done mission work?

\_\_\_\_\_

Are you currently attending a prayer shield at Hope in the City? Yes \_\_\_ No \_\_\_ If yes, which one?

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**\*\* IN THE SPACE BELOW, PLEASE TELL US WHY YOU'RE INTERESTED \*\***  
**\*\* IN JOINING THE SCHOOL OF CHURCH PLANTING \*\***

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