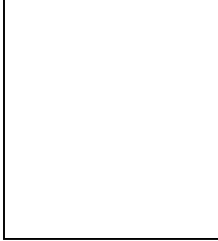


canadawest

SCHOOL OF WORSHIP



Please place your photo here

Welcome to the student application for Canada West School of Worship. The purpose of this form is simply to get to know you better. Our school is designed for people who are involved in worship ministry as musicians/worship leaders and who wish to take their ministry to the next level. Please answer all questions fully and mail this form to our school at :

Canada West School of Worship
1355 Scott Crescent
Kelowna BC
V1Z 2P7
CANADA Phone: (250) 859 3591

Date of Application: M____D____Y_____

Section A

General information

Name: (Mr., Mrs., Miss,) _____

Telephone numbers:

Home# _____ Work# _____

Fax# _____ E-Mail _____

Current Address:

Permanent Address:

(Please print as it would appear on a mailing label for your country)

Emergency Contact

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

I am applying for:

Full course with room and board

Cost \$4000 early registration \$4250 after march 1st 2009

Full course without room and board

Cost \$2800 early registration \$3050 after march 1st 2009

How did you hear about this School? Friend Conference

Advertisement Webpage

Other _____

Section B

PERSONAL INFORMATION

Family Details

Birth date: M____D____Y____ **Age:** _____

Sex: Male Female

Status: Single Engaged Married

Passport information

Name on passport _____

Citizenship _____

City or Country where Passport was issued _____

Passport number _____ Date of issue M____D____Y____

Expiry Date _____

Nationality _____ Birth place _____

Do you have a criminal record? Yes No

(This question is for immigration purposes only)

Social and Health Insurance Numbers

Social insurance # _____ Health Insurance # _____

Health Insurance Company _____

Section C

HEALTH FORM

TO THE APPLICANT: This information will be treated confidentially and separately from your academic records. Please answer all these questions in ink or by typing.

Please briefly explain your medical insurance coverage _____

*Medical coverage is **essential** if you come from a country other than Canada. If you are accepted on the school and do not currently have medical insurance this **MUST** be arranged **BEFORE** arriving in Canada.*

PERSONAL MEDICAL HISTORY

Please answer all the following questions.

Are you at present under the care of a doctor for any condition?

If Yes, please specify: Yes No

Are you taking any medication at this time? Yes No

If Yes, please specify:

Are you allergic to any medications? Yes No

If Yes, please specify:

Do you have any physical impairment, medical or psychological conditions which require special attention including food allergies? Yes No

If Yes, please describe:

What is your blood type ? _____

How would you rate your health?

Excellent Good Fair Poor

Physician's Name (Please print) _____

Address and phone
number _____

Section D

RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant Name: _____

If applicant is under 18 years of age, a Parent or a Guardian must sign all portions of this form.

Parent or Guardians Name: _____

Relationship to Applicant: _____

Parent / Guardians Signature: _____ Date: _____

Release of Liability

I/We do hereby release Canada West School of Worship and/or Kelowna Vineyard Church, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with the Canada West School of Worship.

Applicant, Parent or Guardian Signature: _____ Date: _____
Signature of parent or guardian, if applicant is under 18 years of age.

Consent For Treatment

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I/We agree to meet any and all medical expenses that are incurred during the course of involvement with Canada West School of Worship/Kelowna Vineyard

Applicant, Parent or Guardian Signature: _____ Date: _____
Signature of parent or guardian, if applicant is under 18 years of age.

Financial Responsibility.

I / We understand that the payment of the required school tuition fees must be made in Canadian or US funds prior to or upon my arrival. Payment must be made in full. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with the Canada West School of Worship/Kelowna Vineyard.

Applicant, Parent or Guardian Signature: _____ Date: _____
Signature of parent or guardian, if applicant is under 18 years of age.

Please tell us how you are raising the money for the school (savings, loans, etc)

Agreement to abide by School Guidelines & Structure.

If I am accepted I _____ will abide by the rules, commitments and schedules of the school including:

1. All book reports, assignments, assessments and exams.
2. Arriving at all school functions and commitments on time.
3. Practical help around the school and church.
4. All training sessions, classes & workshops that are a designated part of my course of study.
5. Personal development of my gifting and talents as related to my course of study.
6. All ministry & outreach opportunities I am required to participate in.

Applicants Signature: _____ Date: _____

I certify that all the information in this application is complete and accurate.

Applicant, Parent or Guardian Signature: _____ Date: _____
Signature of parent or guardian, if applicant is under 18 years of age.

Section E
LIFE HISTORY

Please answer the following questions in a clear printing style or typed using your computer. Please do not write. Answer as completely as possible.

Spiritual growth

- a. Outline your conversion and the events and steps leading up to that time.
- b. Describe your spiritual growth since that time.
- c. Comment on your devotional life.

Relationships and experience

- d. Please describe your relationship with your local church.
- f. Briefly describe your relationship with the rest of your family.
- g. What languages do you speak and how proficiently?

Goals and expectations

- i. Comment briefly on the circumstances that led up to your decision to apply for this school.
- j. What are your reasons for wanting to attend this school? Please include spiritual and ministry goals, missionary and church service goals, which you hope the school will help you fulfill.
- k. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?

Education

List all other educational institutions attended beyond High School, if applicable. (e.g. college, university, nursing, business schools):

Section F
Musical Experience

Please indicate previous involvement in the following:

Are you presently a Worship Leader Yes No

If yes, how long have you been leading? _____

Background Vocalist Yes No

If Yes, how long have you been singing? _____

Do you sing harmony by ear? Yes No

Instrumentalist Yes No

If Yes, what instrument (s) ? _____

If you play a second instrument what is it?

How long have you been playing an instrument? _____ year (s).

Have you had any formal lessons? Yes No

Have you had theory lessons? Yes No

If Yes, what is your level? _____

Can you read chord charts? Yes No

Are you presently on a worship team? Yes No

Do you have recording experience? Yes No

If yes, can you please describe what you did

Do you have any functional knowledge with Pro Tools or similar digital recording software? (*this does not affect your eligibility for admission*) Yes No

(not required)

If possible, Please include in your application a CD with a sample of 1-3 short musical selections that demonstrate your current style and musical ability. This does not need to be of studio quality or original pieces. Please label and indicate clearly what your part is in each selection. These recordings will not be returned.

Are you a songwriter? Yes No

How many songs have you written? _____

Have you ever had a chance to sing these songs in front of an audience or congregation? Yes No

If yes, how did that go? _____

Section G

REFERENCE FORMS

We require

2 x Friend / Co-Worker references

1 x Pastor reference

Your application will NOT be processed until we receive all your reference forms. Please ensure that all your referees complete and send them into our office as soon as possible.

References - Friend / Co-worker

Please list the people to whom you gave your reference forms.

Name _____

Address _____

Phone _____

Name _____
Address _____

Phone _____

Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church _____

Denomination _____

Pastor's Name _____

Address _____

Phone _____ Fax _____

Is your Pastor in agreement with your plans? Yes No

How long have you attended this church? _____



CANADA WEST SCHOOL OF WORSHIP
1355 Scott Crescent
Kelowna BC V1Z 2P7
Fax 250 717 3579 Phone: (250) 859-3591

FRIEND / CO-WORKER Reference Form (Confidential)

Name of Applicant _____

The above applicant has applied to attend a leadership training program with the Canada West School of Worship hosted by Kelowna Vineyard Church. We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Your name _____

Address _____

Phone _____ Occupation _____

1) What is your relationship to the applicant, (leader, friend)? _____

2) How many years have you known the applicant? _____

3) What do you perceive to be the applicant's best qualities? _____

4) What do you perceive to be the applicant's greatest weakness(es)? _____

5) Have you any reservations about the applicant attending the School of Ministry? _____

6) Please rate the applicant's ability to get along with his or her peers:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

7) Please rate the applicant's ability to relate to authority:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

8) Please rate the applicant's ability to relate to unbelievers:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

9) Please rate the applicant's leadership skills:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

10) Please rate the applicant's ability to overcome adversity:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

Signature _____ Date _____



CANADA WEST SCHOOL OF WORSHIP
1355 Scott Crescent
Kelowna BC V1Z 2P7
Fax 250 717 3579 Phone: (250) 859-3591

FRIEND / CO-WORKER Reference Form (Confidential)

Name of Applicant _____

The above applicant has applied to attend a leadership training program with the Canada West School of Worship hosted by Kelowna Vineyard Church. We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Your name _____

Address _____

Phone _____ Occupation _____

1) What is your relationship to the applicant, (leader, friend)?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness(es)?

5) Have you any reservations about the applicant attending the School of Ministry? _____

6) Please rate the applicant's ability to get along with his or her peers:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

7) Please rate the applicant's ability to relate to authority:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

8) Please rate the applicant's ability to relate to unbelievers:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

9) Please rate the applicant's leadership skills:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

10) Please rate the applicant's ability to overcome adversity:

[] Outstanding [] Excellent [] Good [] Fair [] Poor

Signature _____ Date _____



LETTER TO PASTOR

Dear Pastor,

Greetings from the Canada West School of Worship. You have been given this form, by somebody for whom you have pastoral oversight and who wishes to attend our school. This worship school is a leadership training program designed for people who are already attaining, or heading toward a level of maturity and Godly character and have a specific call to worship ministry. It is our vision to see people released to minister having the tools to practically minister.

Personal healing is foundational to a leaders growth in the Kingdom. In this way the students may attain a measure of healing in their personal lives while at this school but please bear in mind that this is not the primary emphasis of the school. Also keep in mind that in most cases the students may be living in dorm type environments where interpersonal relationship skills are going to play a major role in the day-to-day life of the school.

We would be grateful if you could complete the attached reference form so we can assess if this school is right for the applicant. If you are unfamiliar with the Canada West School of Worship please refer to our website www.canadawestworship.com

All information on this form is confidential.
We are looking forward to hearing from you.
Norm Strauss
Director



PASTOR'S Reference Form (Confidential)

Name of Applicant _____

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name _____

Home Church _____

Denomination _____

Address _____

Phone _____ Fax _____

1) How long have you known the applicant? ____ Month(s) Year(s)

What is your position in the church?

Pastor Elder Other _____

3) How well do you know the applicant?

Very well Well Casually

4) Were you aware of the applicant's intention to participate in this training program prior to receiving this form?

Yes No (comments) _____

5) Are you in agreement with his/her intentions?

6) In what activities has the applicant participated since attending your church?

7) Has he/she shown effectiveness in these activities?

8) Upon your observation, do you see the applicant as financially responsible?

Yes No Unsure

9) In your association with the applicant, what has been the level of commitment you have seen?

Faithful Inconsistent Other (comments:)

10) Do you have any concerns that being in a school/dorm type living environment might hinder the spiritual or emotional growth of the applicant or any of his/her fellow students?

11) List 3 strengths this person has:

1. _____

2. _____

3.

12) List 3 weaknesses:

1. _____
2. _____
3. _____

13.) Do you recommend this person for admission to this training program?

To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature _____ Date _____

Thank you for your time and help with this application.

Please send this confidential reference form directly to:

REGISTRAR

CANADA WEST SCHOOL OF WORSHIP

1355 Scott Crescent

Kelowna BC V1Z 2P7

Fax 250 717 3579 Phone: (250) 859-3591