



Kalamazoo House of Prayer (KHOP)

960 King Highway
Kalamazoo, MI 49002
269-547-9505

Application for Admission to Internship Program

Application Fee: \$25.00 (non-refundable)

Please Print Clearly

Personal Information

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Evening Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Marital Status: Single Married Divorced Widowed

Church Information

Church Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Sr. Pastor's Name: _____ How long have you attended? _____

When were you: Born Again: _____ Water Baptized: _____ Spirit Filled: _____

Educational Information

Accurately complete the following academic information:

	Degree(s)	Name of School or College	State	Date	Credits
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Personal Statement

State here the reason you desire to attend **KHOP Internship Program** and what you hope to be accomplished by this training. What major do you desire to complete? _____

Standard of Conduct

The following Standards of Conduct are practiced by the **KHOP** community:

I understand that my involvement in Christian work requires my personal commitment to the Lord Jesus Christ and separation from sin. I further realize that as a member of the **KHOP** community, I represent the Lord Jesus Christ, as well as the college. I am aware that the Scripture prohibits certain sins (such as stealing, lying, gossiping, backbiting, profane language, drunkenness, sexual immorality, occult practices, cheating and attitudes such as pride, lust, bitterness, harmful discrimination, jealousy, and an unforgiving spirit) are to be avoided. In addition, I understand that certain types of activities are questionable and will avoid these activities as determined by the college for testimony's sake. As a member of the **KHOP** family, I pledge myself to the following commitments:

1. To strive for excellence in all I do;
2. To submit to the authority of the Scriptures in matters of faith and conduct and to the control of the Holy Spirit;
3. To cooperate respectfully with those in authority;
4. To participate actively in promoting the cause of Christ, including endeavoring to win others to faith in Him;
5. To respect the interdenominational character of **KHOP** by refraining from propagating potentially divisive doctrines;
6. To refrain from behavior that will reflect discredit upon my Lord Jesus Christ and will offend a weaker brother, such as intemperate language or questionable actions;
7. To exercise proper spiritual discernment in the use of the Lord's Day;
8. Maintain a personal appearance and dress, which will honor Christ.

I understand that the Standards of Conduct are a guide to my behavior on and off campus for the time I am part of the **KHOP** family. While it is recognized that personal preferences differ and that every member of the college community might not agree with every detail of these standards, I must honorably adhere to them. Such an attitude on my part is a way I can develop Christian discipline, exhibit Christian maturity and demonstrate the love of Christ in concern both for the integrity of the college itself as well as the personal welfare of other believers. Further, I understand that failure to cooperate in maintaining the standard will lead to appropriate disciplinary action and/or possible dismissal/termination.

I accept to abide by the Standards of Conduct outlined above. I certify that this application is accurate and complete to the best of my knowledge.

The student may cancel this agreement with no refund by notifying the College in writing.

The undersigned agrees to pay when due all charges for tuition and all required fees. He also agrees to comply with and abide by all rules and regulations of **KHOP**.

Signed _____ Date _____
(Student)

Application Fee: \$25.00 (non refundable)

Return completed application along with photo and fee to:

KHOP Internship Director
960 King Highway
Kalamazoo, MI 49001

Note: An unsigned application cannot be processed and will be returned.

Office use only

Date _____ Clerk initials _____

Dollar Amount _____ Payment method _____

*** There is a \$30.00 Service Charge for all returned checks.*