

# 3D Training Center

## APPLICATION FOR ADMISSION

a gap year ministry of DM2

### Instructions / Check off when complete

- Applicant must be 18 years of age on or before Sept. 1 of application year.
- Type or print legibly. Fill in every section. Use "N/A" when not applicable.
- Read the entire DM2 doctrinal statement at [www.3DTC.org](http://www.3DTC.org)
- Attach a passport/ID size photo.
- Attach photocopy of your driver's license or government issued ID
- Secure two personal recommendations, to be sent directly to admissions.
- Secure pastor's recommendation, to be sent directly to admissions.
- Attach official high school transcript, GED, or equivalent.
- Send application by mail to:

Disciple Makers Multiplied - 3DTC  
PO Box 7758, Beaumont, TX 77726

Office use only:

Affix here:  
passport size  
Photo or JPG

### ABOUT YOU

Male  Female

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
State

\_\_\_\_\_  
Attach copy of DL or Gov. ID

### CONTACT INFORMATION

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Home Phone Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Cell Number

\_\_\_\_\_

Your Email

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### MARITAL STATUS

Single  Engaged  Married  Remarried  Divorced  Widow/Widower  Separated

Do you have any dependents:  Yes  No If yes, list and describe situation \_\_\_\_\_

### CITIZENSHIP

City/Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

### HIGHEST EDUCATION COMPLETED

GED  High School Diploma  College  1  2  3  4  Bachelor  Master  Doctorate  Other \_\_\_\_\_

I am submitting proof of high school transcript/GED/equivalent

### EDUCATION HISTORY (Most current first)

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City

\_\_\_\_\_  
From/To

\_\_\_\_\_  
Type of Diploma/Degree

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

Have you ever been expelled, dismissed or suspended from any school, college, or seminary  YES  NO

Explain:



## EMPLOYMENT (List most current)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Are you currently employed (  ) YES (  ) NO Have you ever been fired or terminated (  ) YES (  ) NO

If yes, explain reason(s) why: \_\_\_\_\_

## FINANCES

I have outstanding loans. (  ) YES (  ) NO I have outstanding student loans. (  ) YES (  ) NO

I am aware that while I attend the Training Center for Disciple Makers, I may have to continue to pay any previous student loans. (  ) YES (  ) NO

I am aware that due to the intensity and hours involved I will not be able to hold a job during the school year. (  ) YES (  ) NO

I have financial obligations that may hinder me from attending the Training Center for Disciple Makers or paying my obligations. (  ) YES (  ) NO

Explain here how you intend to finance your education with 3D Training Center. \_\_\_\_\_

## CHURCH AFFILIATIONS

In the past 5 years how many churches have you attended? \_\_\_\_\_ Name of local church you presently attend \_\_\_\_\_

Do you faithfully attend your church? \_\_\_\_\_ Name of your previous church: \_\_\_\_\_

Address of your church: \_\_\_\_\_ Church email: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Church phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pastor's phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Pastor's Email \_\_\_\_\_

## MEDICAL INFORMATION

Do you have health insurance? Circle one: YES NO

If **YES**, you will need to provide a copy of your insurance information for record-keeping and emergency purposes.

If **NO**, initial that you acknowledge that no health insurance coverage will be provided for you by 3DTC. *Initials:* \_\_\_\_\_

Do you have any medical conditions or history that would be pertinent to your time attending 3DTC? If YES, please describe here:

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

*Disclaimer: You are responsible for any costs pertaining to your medical needs during your attendance at 3DTC (with or without insurance).*

## EXPLAIN WHY YOU DESIRE TO ATTEND (Use additional paper as needed)

## DECLARATION

\_\_\_\_ I have read the DM2 doctrinal statement (posted on [www.3DTC.org](http://www.3DTC.org)) and I am willing to come as a student fully aware of DM2's (3DTC) doctrinal positions. (*Note: You **do not** have to agree with the doctrinal statement to attend.*)

\_\_\_\_ I understand that the 3D Training Center is **not accredited** and will not seek to become accredited, and that I will be issued a non-accredited diploma upon satisfactory completion of this one-year program.

\_\_\_\_ I am not presently under **Church discipline** from any local church.

\_\_\_\_ My pastor is aware of my training plans with 3DTC.

\_\_\_\_ I declare that the information provided in this entire application is accurate and true to the best of my knowledge. (  ) YES (  ) NO

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