

3D Training Center

APPLICATION FOR ADMISSION

a 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
- 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 spiritual 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 3D Training Center, 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 3D Training Center 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) 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 degree upon satisfactory completion of this 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: _____

3D Training Center

Spiritual Recommendation Form



Instructions

For the Applicant: Please ask your pastor or other spiritual mentor to complete this form and mail it directly to the Admissions Office at the following address:

3D Training Center, PO Box 7758, Beaumont, TX 77726

For the Spiritual Mentor: The applicant listed below is applying for admission to the **3D Training Center**, an intensive program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ.

Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please mail it directly to us; do not return it to the applicant. **Thank you.**

Office use only:

Name of Applicant: _____
Last Name First Name Middle Name

Your Name _____ Your Title _____
 Church _____ Your phone _____ Your Email _____
 Church Address _____
Street City State Zip

How long have you known the applicant? _____ **How long has he/she attended church?** _____

How well do you know the applicant? (choose only one): _____ Very close/personal relationship
 _____ Fairly well/many interactions _____ Casually/few personal contacts _____ By name and sight only

Additional comments: _____

- To your knowledge, has the applicant trusted in Christ as Savior? Yes No Not sure
- Is the applicant faithful in attending church meetings? Yes No Not sure
- Is the applicant engaged in church? Yes No Not sure
- Do you believe the applicant is enthusiastic about his/her faith? Yes No Not sure
- Do you know if the applicant is involved in Christian service? Yes No Not sure
- Do you know if applicant is reliable to pay debts and keep word? Yes No Not sure

Please give additional comments on any of the above questions: _____

Do you have any doctrinal concerns or warnings you would like to share concerning the applicant? _____

What can you tell us about the applicant's participation in the local church? _____

Please give your thoughts about the applicant's spiritual development and potential as a believer: _____

Are there any issues or needs that might impair the applicant's relationship with others? ___ Yes ___ No
If so, please explain: _____

To your knowledge is the applicant free of addictions? ___ Yes ___ No ___ Not sure
Please explain what you know: _____

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?
If yes, please explain: _____

To your knowledge has the applicant ever been accused of any of the following:

Child abuse? Yes ___ No ___ Crimes involving or against minors? Yes ___ No ___

Accusation of sexual molestation of a minor? Yes ___ No ___ **If yes to any, please share what you know:**

Please rate the applicant on each of the following:

	Excellent	Average	Poor	Unknown
Reliable , dependable, responsible				
Mature , able to cope with life situations				
Emotionally stability , reaction to stress, poise, mood stability				
Motivated , genuine, and committed				
Good judgment , able to analyze and solve problems				
Oral expression , clear, coherent				
Relationship with others , good rapport, cooperative, malleable				
Empathy , sensitivity to the needs of others				
Leadership , creative and decisive, self-confident				
Personal appearance , clean, well groomed				
Integrity , honest, of good moral character				
Work habits , good stamina, polite, conscientious, takes initiative				

Please include any additional information that might be helpful for us to know about the applicant:

I, _____, make the following recommendation regarding the
(Print Your Name Above)

admission of _____ to the Disciple Makers Multiplied **3D Training Center**:
(Print Applicant's Name Above)

(choose only one) ___ recommend, ___ recommend with reservation, ___ decline to recommend

3D Training Center

Personal Recommendation Form



Instructions

For the Applicant: Ask someone you trust and know well to complete this form. This person must not live with you or be a member of your family. Ask them to mail the completed form directly to the Admissions Office at the following address: **3D Training Center, PO Box 7758, Beaumont, TX 77726**

For the Personal Reference: The applicant listed below is applying for admission to the **3D Training Center**, an intensive one-year program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ. Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please mail it directly to us; do not return it to the applicant. **Thank you.**

Office use only:

Name of Applicant: _____
Last Name First Name Middle Name

How do you know the applicant? _____ **How long have you**

known each other? _____ **Do you know how long he/she has attended local church?** _____

How well do you know the applicant? (choose only one): _____ Very close/personal relationship
 _____ Fairly well/many interactions _____ Casually/few personal contacts _____ By name and sight only

Additional comments: _____

To your knowledge, has the applicant trusted in Christ as Savior? Yes No Not sure

Is the applicant faithful in attending his/her local church? Yes No Not sure

Is the applicant engaged in church? Yes No Not sure

Do you believe the applicant is enthusiastic about his/her faith? Yes No Not sure

Do you know if the applicant is involved in Christian service? Yes No Not sure

Do you know if applicant is reliable to pay debts/is trustworthy? Yes No Not sure

Please give additional comments on any of the above questions: _____

If you were asked to describe what the applicant is like, what would you say? _____

In your opinion, what are the applicant's strengths? _____

Please comment about the applicant's weak points: _____

Are there any issues or needs that might impair the applicant's relationship with others? Yes No

If so, please explain: _____

To your knowledge is the applicant free of addictions? ___ Yes ___ No ___ Not sure

Please explain what you know: _____

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?

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Please rate the applicant on each of the following:

	Excellent	Average	Poor	Unknown
Reliable , dependable, responsible				
Mature , able to cope with life situations				
Emotionally stability , reaction to stress, poise, mood stability				
Motivated , genuine, and committed				
Good judgment , able to analyze and solve problems				
Oral expression , clear, coherent				
Relationship with others , good rapport, cooperative, malleable				
Empathy , sensitivity to the needs of others				
Leadership , creative and decisive, self-confident				
Personal appearance , clean, well groomed				
Integrity , honest, of good moral character				
Work habits , good stamina, polite, conscientious, takes initiative				

Do you recommend this applicant for acceptance to the 3D Training Center, a program of Disciple Makers Multiplied? ___ Yes ___ No

Please include any additional information you would like to share about the applicant: _____

Please print the following:

Your Name _____ Your Phone _____

Your Address _____ Street _____ City _____ State _____ Zip _____

Name of Church You Attend _____ Your Email _____

Your signature: _____ Date: _____

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If so, please explain: _____

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Integrity , honest, of good moral character				
Work habits , good stamina, polite, conscientious, takes initiative				

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Please print the following:

Your Name _____ Your Phone _____

Your Address _____
Street City State Zip

Name of Church You Attend _____ Your Email _____

Your signature: _____ Date: _____