



**APPLICATION**

Welcome,

Thank you for your interest in Potter's House of Prayer University where we are committed to raising up men and women, both young and old, in the knowledge of God to be agents of change in their generation.

We believe that the Holy Spirit is doing something unique and special in the earth today. All over the world He is sovereignly calling men and women to the place of night and day intercession and worship. The face and expression of Christianity is changing right before our eyes and we here at the Potter's House of Prayer are endeavoring to do our part in this historic move of God.

In the same way that God raised up forerunners of night and day prayer before His first coming so we believe that He is doing the same today. Globally He is instilling in the heart of His bride the great cry of "Come Lord Jesus" that will ultimately usher in the return of our Messiah. We believe wholeheartedly that in these last days this calling to night and day prayer is not only legitimate, but that it is actually warranted and necessary in order for the plans and purpose of God to be accomplished on the earth.

The Potter's House of Prayer University exists to train and equip these end time intercessors in the knowledge of God that will ignite their hearts in love for Jesus and cause them to give themselves to the place of prayer, fasting, and worship in order to see our world changed for the glory of God until the Day He splits the sky and comes again for His bride.

Again we thank you for your interest in joining us here at the Potter's House of Prayer and we look forward to hopefully seeing you soon!

Until He Comes,

Maxwell G. Thomas  
Director of PHOPU

# PHOPU Application

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## Application Process:

1. PHOPU Application Form
2. Application fee form
3. 1-2 Page Written Personal Testimony (Send together with your application)
4. Pastoral recommendation form (to be completed by someone who is unrelated to the applicant and has known the applicant for at least one year)

## Mailing Address:

Potter's House of Prayer  
101 Pauley Way  
Mankato MN 56001

## Acceptance:

1. We will contact you to let you know when we have received your application.
2. Applicants are not accepted to PHOPU until you have received an official notification of acceptance from the PHOPU admissions office.
3. Accepted interns will receive further instructions by email from PHOPU.
4. Please email [max@phop.org](mailto:max@phop.org) or call 507-388-7771 if you have any questions during the application process.

## Payment:

1. Application fee can be paid by making a check out to "Potters House of Prayer" and sent in with your application.
2. Accepted interns will receive instructions for final tuition payment.

**Personal Information:**

Date of application\_\_\_\_\_

Internship applying for\_\_\_\_\_

Last name\_\_\_\_\_

First name\_\_\_\_\_ Middle initial\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

Zip\_\_\_\_\_ Country\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

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



Marital Status: Single Engaged Married\* Separated Divorced Widowed

\*Spouse’s name\_\_\_\_\_ Date of Birth\_\_\_\_\_ How long married\_\_\_\_\_

Is your spouse applying for PHOPU? Yes No If yes, your spouse must complete a separate application and submit it together with yours.

Do you have children? Yes No If yes, how many?\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Relation to applicant\_\_\_\_\_

Mobile Phone\_\_\_\_\_ Work/Home Phone\_\_\_\_\_

Email\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_ Country\_\_\_\_\_

**Education:**

Please indicate the highest level of education you have completed.

GED or equivalent High School Diploma College/Undergraduate Degree

Graduate Degree Postgraduate Degree

List senior high school and institutions of higher education you have attended, beginning with the most recent.

School Name

City & State

Dates Attended

Degree

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

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**Church/Ministry Background:**

Are you currently attending/involved in a church? Yes No If no, explain below.

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

If yes, complete the following section (if you currently attend more than one church list all).

Church Name

City and State

Senior Pastor

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

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

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

Describe any previous ministry training and involvement you have had.

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

Do you have any musical abilities? Select from the following:

Piano Acoustic Guitar Electric Guitar Drums Bass Guitar Singing

Other, please specify\_\_\_\_\_

Please list any other media and/or sound experience and training you have.

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

## Personal Evaluation:

Please assess yourself in the following areas.

	Weak	Fair	Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider to be your talents, gifts, and strengths?

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What do you consider to be your weaknesses and struggles?

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What are your hobbies and interests?

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What part of PHOPU interests you most?

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What led you to PHOPU?

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What is your plan to pay for PHOPU?

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Do you have financial debt?  Yes  No If yes, how do you plan on managing that debt while you are attending PHOPU?

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**Note: Interns will have the weekends off therefore giving them availability to work a part-time job. (See website for more information regarding internship schedule)**

**Medical Information:**

Please mark all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Alcohol Abuse                     |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Drug Abuse (including cigarettes) |
| <input type="checkbox"/> Chronic Fatigue    | <input type="checkbox"/> Eating Disorders                  |
| <input type="checkbox"/> Sleeping Disorders | <input type="checkbox"/> Allergies                         |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Communicable Diseases             |
| <input type="checkbox"/> Seizures           | <input type="checkbox"/> Other (Please Specify): _____     |
| <input type="checkbox"/> Asthma             | _____  |
| <input type="checkbox"/> HIV/AIDS           | _____  |

Please list any medications that you are currently taking and the reason why you are taking them.

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Do you currently have or have you ever experienced any mental disorders? Yes No If yes, please explain below.

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Have you ever contemplated or attempted suicide? Yes No If yes, please explain below.

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Have you ever been convicted of a felony? Yes No If yes, please explain below.

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Do you currently view pornography? Yes No If yes, please explain the amount of time you spend per week watching pornography and how long you have been viewing pornography.

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### **Acknowledgement of Agreement:**

I understand that my internship at PHOPU will include practical and personal ministry training.

I understand that I must secure funds sufficient to cover all my tuition before attending PHOPU.

I understand that I must secure funds sufficient to cover all my personal expenses while attending PHOPU.

I declare that the information I have provided in my application is true, accurate, and complete.

I understand that providing false information in my application may be grounds for denial of my application and/or dismissal from PHOPU.

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



## Application Fee:

The application fee for the PHOPU internship is \$25. Application fees are nonrefundable.

Applicant name (please print) \_\_\_\_\_

### Payment Options

1. Please make all checks and money orders payable to Potter's House of Prayer. (Write the applicants name in the memo line)
2. Complete the following credit/debit card information below.

Check the box that applies:

Visa       Mastercard       Discover       American Express

Cardholder's name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

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

**Note: Full tuition payment is due by the beginning of your internship. Failing to provide full payment by the given deadline will result in the applicant being rejected from the internship.**

# Housing Application

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Applicants that do not have the ability to provide housing for themselves for the duration of the internship can receive temporary housing through Potter's House of Prayer. Accepted applicants will be placed with a host family that has agreed to house interns for the duration of the three-month internship.

Upon acceptance into PHOPU interns will be given the contact information of their host family so that they can introduce themselves and connect with them before coming to the internship.

Interns will not pay rent or utility costs directly to their host family. However, there is an additional \$300 processing fee for all interns that require housing through Potter's House of Prayer.

**This payment is due with the rest of your tuition at the beginning of your internship.**

Will you need PHOPU to provide you with housing? Yes No If yes, please complete the following section.

Do you have any pet allergies? Yes No If yes, please explain below.

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Please list any special accommodations that you would need provided for you by your host family. \_\_\_\_\_

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Please list any food allergies you may have. \_\_\_\_\_

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Please list any other pertinent information you feel necessary to disclose that is related to housing. \_\_\_\_\_

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# Pastoral Recommendation

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## To Be Completed By Applicant:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Under the Family Educational Rights Act and Privacy Act, students enrolled at PHOPU have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

I understand that interns enrolled at PHOPU have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

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

I DO NOT WAIVE my right of access to this letter of reference.

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

## To Be Completed By The Pastoral Referee:

The pastoral referee must be unrelated to the applicant and must have known the applicant for at least one year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email [max@phop.org](mailto:max@phop.org).

Name \_\_\_\_\_ Date \_\_\_\_\_  
Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please describe the applicant's level of involvement in your church.

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What is the applicant's influence on his/her peers?

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Has the applicant served your congregation in any capacity?  Yes  No If yes, please describe below.

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PHOPU consists of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

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What is your assessment of the applicant's ability to handle situations involving correction?

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From your observation, what are the strengths and spiritual gifts of the applicant?

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From your observation, what are the weaknesses and struggles of the applicant?

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Please assess the applicant in the following areas:

	Weak	Fair	Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

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Do you recommend this applicant for PHOPU?

Highly Recommend     Recommend     Have Reservations     Do not Recommend

Please Explain:

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