

SCHOOL OF THE PROPHETIC - REGISTRATION APPLICATION

Please complete the following form to apply for enrollment in the School of the Prophetic.

1. Personal Information

- **Full Name:** _____
 - **Date of Birth:** ____ / ____ / ____
 - **Gender:** Male Female
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Mailing Address:**
Street: _____
City: _____ State: _____ Zip: _____
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2. Church Affiliation (If Applicable)

- **Home Church Name:** _____
 - **Pastor's Name:** _____
 - **Are you currently active in ministry?** Yes No
 - **If yes, in what capacity?** _____
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3. Program Information

- **Which term are you applying for?**
 Fall Winter Spring Summer
 - **Have you previously attended the School of the Prophetic?** Yes No
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4. Emergency Contact

- **Name:** _____

- **Relationship to You:** _____
 - **Phone Number:** _____
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5. Personal Statement

Please briefly describe why you are interested in attending the School of the Prophetic and what you hope to gain from this experience.

6. Disclaimer & Acknowledgment

I understand that the School of the Prophetic is **not an accredited institution**, and the **Certificate of Completion** I receive is for **spiritual and personal development purposes only**.

I affirm that the information I have provided is accurate to the best of my knowledge.

Signature: _____

Date: ____ / ____ / ____

Submit Your Application

Please return your completed application to:

salenawilliams63@gmail.com or 2411 Young Drive, Augusta, GA 30906

You may also apply online at: drprophetesssalenawilliams.com