



# MOKAHUM MINISTRY CENTER

## APPLICATION FOR DISCIPLESHIP PROGRAM Revised June 2016

### Personal Information (please print)

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Zip/postal code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Tribe \_\_\_\_\_

Are you (check any that apply):

- Single
- Engaged
- Married
- Widowed
- Divorced

Spouse's name, if married \_\_\_\_\_

Children's names/ages \_\_\_\_\_

Parents' or guardians' names \_\_\_\_\_

Parents' or guardians' street address (if different from yours) \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Zip/postal code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

### Educational Information

Years of school completed \_\_\_\_\_

Years of Grade school \_\_\_\_\_

Years of High school \_\_\_\_\_

Years of Other school \_\_\_\_\_

**MAIL TO:**  
Mokahum Ministry Center  
c/o Oak Hills Center for Indian Ministries  
1600 Oak Hills Rd SW  
Bemidji, MN 56601

**QUESTIONS? CONTACT:**  
Dan Hovestol, Admissions  
218.368.6806  
[danhovestol@oakhills.edu](mailto:danhovestol@oakhills.edu)  
[www.mokahum.org](http://www.mokahum.org)



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### Other Information (attach additional pages if necessary)

In the past five years, have you been charged/have charges pending, or been convicted of a misdemeanor, felony, or other crime, excluding minor traffic violations? \_\_\_ No \_\_\_ Yes, please explain: \_\_\_\_\_

If I answered yes to any of the questions regarding misconduct or crimes, or if any of these things are mentioned by my references, I understand that a background check will be required.

What kinds of work have you done in the past year?

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When and where were you saved?

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Please share a brief testimony of your faith in Jesus Christ.

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What experience have you had in Christian work?

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Church (name & denomination):

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Name of pastor

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Street address

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City

State/Province

Zip/Postal code

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Phone number

E-mail address

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### References

Please list names, addresses, phone numbers, and e-mails for three people we can contact as references. One of the references should be a pastor or ministry leader. Only one of the references may be related to you.

1. Name Relationship to you & how long you have known them.

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Street address

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City

State/Province

Zip/Postal code

---

Phone number

E-mail address

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2. Name

Relationship to you & how long you have known them.

Street address

City

State/Province

Zip/Postal code

Phone number

E-mail address

3. Name

Relationship to you & how long you have known them:

Street address

City

State/Province

Zip/Postal code

Phone number

E-mail address

**I am interested in enrolling at Mokahum Ministry Center. I have carefully thought and prayed about this step and believe that God would have me attend. If accepted, I agree to willingly submit to the rules of Mokahum.**

Applicant's signature

Date

*Mail application with \$35 application fee to the address below. Please call or e-mail with any questions.*

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