

# *School of the Prophets*



THE WAY TO ZION  
BIBLE TRAINING ACADEMY

## SEVEN PILLARS CHURCH - THE WAY TO ZION - BIBLE TRAINING ACADEMY

APPLICATION FORM FOR THE TRAINING PROGRAM APRIL 1-26, 2026

Full Name \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of your local church: \_\_\_\_\_

Name of your Pastor: \_\_\_\_\_

Marital Status: Single ☐ Married ☐

Are you planning to attend the training program alone or with your spouse?

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Ministerial Status & Duties: Pastor ☐ Assistant ☐ Youth ☐ Music ☐ Children ☐  
Outreach ☐ Prayer Leader ☐ Other (explain) \_\_\_\_\_

\_\_\_\_\_

Please share a few reasons and details explaining why you want to attend this training program.

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Are you able to be away from your home, church, job, or other responsibilities to dedicate yourself fully to the training program? \_\_\_\_\_

The program fees cover accommodation, meals, classes, and all study materials. The total cost for the four-week program is US\$1100. Are you able to raise the funds to attend? YES \_\_ NO \_\_

If you are unable to raise the total amount, please provide a brief explanation of your situation and specify the amount you can contribute.

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Do you play a musical instrument? YES \_\_ NO \_\_

If YES, what instrument/s do you play? \_\_\_\_\_

Do you have any food allergies? If so, please explain: \_\_\_\_\_

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This application will be considered and you will be notified as soon as possible. Please date and sign your name below.

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

THEY SHALL ASK THE WAY TO ZION (JEREMIAH 50:5)