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**YEAR 1, 2023  
ADMISSION APPLICATION**

**A. PERSONAL INFORMATION**

Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ HKID/Passport No.: \_\_\_\_\_

Phone: (Mobile): \_\_\_\_\_ (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

*Please tick the following:*

1. Gender:  Male  Female  
2. Marital Status:  Single  Married  Divorced  Widowed  Separated

If married, will your spouse be attending HKSSM as well?  Yes  No

3. Children:  Yes  No If Yes, Age: \_\_\_\_\_

4.

Language	Mother Tongue	Good	No
English			
Cantonese			
Putonghua			

**B. EDUCATION**

1. Did you graduate from high school?  Yes  No

2. Did you graduate from university?  Yes  No

If yes, areas of study: \_\_\_\_\_ Years attended: \_\_\_\_\_

Date graduated: \_\_\_\_\_

3. Did you attend any other ministry schools/programs?  Yes  No

If yes, details: \_\_\_\_\_  
\_\_\_\_\_

**C. EMPLOYMENT**

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Office Address: \_\_\_\_\_

**D. SPIRITUAL INFORMATION**

1. When did you accept Christ as your personal Savior?

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Date of water baptism: \_\_\_\_\_

2. Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4? Yes No  
If yes, how do you know you were baptized in the Spirit?

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3. Do you have a home church? Yes No                      Are you a member? Yes No

How long have you been attending regularly there? \_\_\_\_\_

Are you directly connected to your pastor at your home church? Yes No

In what capacity are you currently serving at your home church? \_\_\_\_\_

Name of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Senior Pastor: \_\_\_\_\_ Church Address: \_\_\_\_\_

Have you recently left for another church? Yes No

If yes, was it a good parting or are there unresolved issues? \_\_\_\_\_

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Name of Previous Church: \_\_\_\_\_

Name of Senior Pastor: \_\_\_\_\_ Number of years with this Church: \_\_\_\_\_

4. State any Christian service you have done: \_\_\_\_\_

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5. Describe your relationship with your pastor/church leaders: \_\_\_\_\_

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**E. HEALTH**

Answering 'YES' to the following questions will NOT automatically disqualify the applicant from acceptance.

Do you have any illnesses? \_\_\_\_\_

Have you received treatment for any diagnosed physical, emotional or mental conditions in the past 3 years? \_\_\_\_\_

**F. EXPERIENCES**

Answering 'YES' to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you used tobacco in the last 6 months? Yes No

Have you consumed any alcoholic beverages in the last 6 months? Yes No

If yes, please explain: \_\_\_\_\_

1. Have you been involved with pornography in the last 12 months? Yes No

If yes, how often and how recently? \_\_\_\_\_

Please explain where you are in your process of pursuing freedom: \_\_\_\_\_

2. Have you struggled with homosexual behavior or same-sex attraction in the last 5 years?

Please explain where you are in your process with this: \_\_\_\_\_

3. Have you been sexually active in the last 2 years? Single (with anyone), married (with anyone other than your spouse). We define sexually active as including intercourse, oral sex, sexting and foreplay. Yes No If yes, please explain: \_\_\_\_\_

4. Have you exhibited any self-destructive behavior problems within the last 5 years: eating disorder, cutting, compulsory lying, etc.? Please explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Have you ever been arrested? Yes No  
 If yes, when? Please provide a brief explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever been involved in the occult, witchcraft, or cults? Yes No  
 If yes, please provide a brief explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you used illegal drugs in the last 6 months? Yes No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. STATEMENT OF PURPOSE**

Give a brief description of your Christian experiences - how you came to know the Lord; your present walk with the Lord. (You may use separate sheet but limit to 300 words)

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

**H. MORE INFORMATION** (You may use separate sheet but limit to 300 words)

Briefly explain why you want to attend Hong Kong School of Supernatural Ministry:

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

What are you really passionate about?

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

**I. PASTORAL RECOMMENDATION** (to be sent by the Pastor **directly** to HKSSM)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**J. PERSONAL RECOMMENDATIONS** (to be sent by the references **directly** to HKSSM)

1. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

2. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

**K. TUITION FEE PAYMENT AND REFUND POLICY**

1. The non-refundable Application Fee of HK\$250 is to be submitted at the time of application.
2. A HK\$2,000 non-refundable deposit is due within 7 days of receiving the Acceptance Letter - it is applied towards your tuition payment.
3. The balance of HK\$4,800 is due on or before the specified dates in the Acceptance Letter.
4. Tuition Fee does not include:
  - i) Mission trips (local and overseas) that may occur during the school year;
  - ii) Lecture Notes and recommended books;
  - iii) All conferences and/or special seminars whether compulsory or otherwise during the school year such as The Art of Hearing God.
5. In the event that a student withdraws from school within the first month of commencing and has paid tuition in full, such student may receive a refund up to 70% of the refundable amount, after which there will not be any refund for whatever reason that a student is withdrawn or terminated from school.
6. In the event that a student is dismissed for any reason during the school year, no refund of tuition fee will be issued.
7. Payments may be made by cheque or bank transfer. (Please tick if applicable)
  - (a) Cheque payable to **“ICA Academy”** and sent to **Hong Kong School of Supernatural Ministry: 1/F, Workingberg Commercial Building, 41-47 Marble Road, North Point, Hong Kong.**

I have attached herewith a cheque in payment of the application fee.

Bank Name: \_\_\_\_\_ Cheque No: \_\_\_\_\_

(b) Bank transfer to **ICA Academy**

**Beneficiary Name:** ICA Academy    **Bank:** HSBC    **Account No.:** 801-506049-001  
**SWIFT code:** HSBCHKHKKH    **Bank Code:** 004    **Branch Code:** 122

I have attached herewith a transfer receipt of the application fee.

Your account name: \_\_\_\_\_ Payment Date: \_\_\_\_\_

**L. AGREEMENT:** I understand that any falsification of information on this application is grounds for dismissal at any time. I understand that HKSSM requires a minimum attendance of 90% in order for me to graduate, and I am willing to commit my time to the school throughout the school year. **Foreseeable absence**, if any, during the school year include: \_\_\_\_\_

\_\_\_\_\_

I also understand that it is within HKSSM's discretion to terminate a student who shows poor attendance, or poor attitude or disruptive behavior that is disturbing to the smooth running of the school, and that no refund will be granted under these circumstances.

By signing and submitting this Admission Application to HKSSM, I confirm that I have read, understand and agree to abide by (1) the Tuition Fee Payment and Refund Policy; (2) the HKSSM Student Guidelines and Code of Conduct published (and amended from time to time) on the School's website <https://icaacademy.org/hkssm>

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

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

**HONG KONG SCHOOL OF SUPERNATURAL MINISTRY**

**Address:** 1/F, Workingberg Commercial Building,  
41-47 Marble Road, North Point, Hong Kong.

**Phone:** 25272270 / **Fax:** 37640717

**Email:** [HKSSM@icahk.org](mailto:HKSSM@icahk.org)    **Website:** <https://icaacademy.org/hkssm>

## PASTOR'S RECOMMENDATION

***Note: This section to be completed by Applicant***

To the Applicant: This recommendation should be completed by your pastor who will mail directly to Hong Kong School of Supernatural Ministry. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: \_\_\_\_\_

Phone: (Mobile): \_\_\_\_\_ (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO THE PASTOR:** The above named is applying for admission to Hong Kong School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.  
***Once completed and signed, please send by post to HKSSM directly.***

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know the applicant? Please tick one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes  No  Unsure

4. To what extent is the applicant engaged in the activities of your church? Please tick one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. In what form of Christian service has the applicant participated regularly?

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6. What do you consider to be the applicant's strengths?

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7. Do you know of any weaknesses of which we should be aware of?

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8. To your knowledge, does the applicant: **Use Tobacco?** Yes No Don't know  
**Drink Alcohol?** Yes No Don't know **Use Illegal Drugs?** Yes No Don't know  
 If Yes, please explain: \_\_\_\_\_

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9. Please describe home factors which might affect the applicant's success at Hong Kong School of Supernatural Ministry \_\_\_\_\_

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10. The applicant's influence on his or her peers is: Positive Neutral Negative

11. Additional comments: \_\_\_\_\_

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12. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
<b>Response to Authority:</b> honor, respect, teachability	1	2	3	4	5	6
<b>Reliability:</b> dependability, responsibility	1	2	3	4	5	6
<b>Maturity:</b> personal development, ability to cope with life situations	1	2	3	4	5	6
<b>Emotional Stability:</b> reaction to stress, poise, mood stability	1	2	3	4	5	6
<b>Integrity:</b> honesty, moral character	1	2	3	4	5	6
<b>Motivation:</b> genuineness and depth of commitment	1	2	3	4	5	6
<b>Judgment:</b> ability to analyze a problem	1	2	3	4	5	6



	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
<b>Leadership:</b> creative thought, curiosity, self-confidence	1	2	3	4	5	6
<b>Interpersonal relations:</b> rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
<b>Work habits:</b> stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
<b>Empathy:</b> sensitivity to the needs of others	1	2	3	4	5	6
<b>Oral expression:</b> clarity, coherence	1	2	3	4	5	6
<b>Personal appearance:</b> cleanliness, grooming	1	2	3	4	5	6

13. Please add any further comments you may have which would help in our evaluation.

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Please print or type in the information below:

Full Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastoral Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please return this to:

**HONG KONG SCHOOL OF SUPERNATURAL MINISTRY**

Address: 1/F, Workingberg Commercial Building,  
41-47 Marble Road, North Point, Hong Kong.

Phone: 25272270 / Fax: 37640717

Email: [HKSSM@icahk.org](mailto:HKSSM@icahk.org) Website: <https://icaacademy.org/hkssm>

## PERSONAL RECOMMENDATION

*Note: This section to be completed by Applicant*

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Phone: (Mobile): \_\_\_\_\_ (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Address: \_\_\_\_\_

**To the person completing this Recommendation:** The above named is applying for admission to Hong Kong School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. **Once completed and signed, please send by post to HKSSM directly.**

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? Please tick one.

Very well, pastoral relationship

Casually, few personal contacts

Very well, good friends

By name/sight

Fairly well, numerous personal contacts

Remarks: \_\_\_\_\_

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes  No  Unsure

4. To your knowledge, does the applicant: **Use Tobacco?**  Yes  No  Don't know

**Drink Alcohol?**  Yes  No  Don't know **Use Illegal Drugs?**  Yes  No  Don't know

If yes, please explain: \_\_\_\_\_

5. In what form of Christian service has the applicant participated regularly? (e.g., Sunday School Teacher, Youth Leader, Cell Group Leader, Worship Team, Intercessor.... etc.) \_\_\_\_\_

6. What do you consider to be the applicant's strengths? \_\_\_\_\_

7. Do you know of any weaknesses of which we should be aware of? \_\_\_\_\_

8. Which characteristics best describe the applicant? Please tick all that apply.

- Relational     Judgmental     Patient     Passive     Sympathetic     Rebellious  
 Respectful     Enthusiastic     Caring     Teachable     On fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian Commitment	1	2	3	4	5	6
Social Adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity & Honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental Ability	1	2	3	4	5	6
Physical Health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian Character	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Personal Appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

Please print or type in the information below:

Full Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please return this to:

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