

Elijah House Training for Prayer Ministry Basic I

Post Falls, ID (on the border of Spokane, Washington)

Monday, May 19 - Friday, May 30, 2008

Come join us at the beautiful and peaceful camp grounds on the Spokane River
of Ross Point Camp in Post Falls, ID.

This school will feature several Elijah House teachers.

Tuition: \$460 per person

Early Bird Discount of \$50 per person
when applying prior to **April 7, 2008**

PLUS

FACILITY FEES:

Residents: \$800/per person
or Commuters: \$310/per person

Spokane Airport Shuttle: \$45/per person/1-way

\$200 deposit due with registration (per person)

FINAL Payment Due: Monday, May 5, 2008

First Meal: Dinner, Sunday, May 18 @ 6:00 PM

Last Meal: Breakfast: Saturday, May 31 @ 7:30 AM

First Night Lodging: Sunday, May 18

Last Night Lodging: Friday, May 30

Tuition: Each person pays tuition **and** facility fees.

Tuition covers the cost of school operations and student notebook. Reading texts are not included in this cost.

Facility Fees:

(1) Residents (those staying on-site): Includes double occupancy housing, meals, and facility fee.

(2) Commuters (those staying elsewhere & driving to school): Includes facility fee & daily lunch.

Extra Night Lodging is available either Saturday before or Saturday after the school @ \$39 per night per double occupancy/ \$54 for single occupancy. Fast food services are within 1 1/2 mile walking distance.

Final Payment: Most facilities where schools are held require a 14-30 day advanced payment for all services provided. Please help us honor these facilities with prompt payment of your account.

Refunds: All refunds are assessed a \$50 fee except when one is placed on a "Waiting List" when a school is full. Refunds are not available once the school has started except in the case of a family emergency.

Daily Schedule (Monday-Friday)

Worship	8:30 - 9:00	Lunch Break	12:00 - 2:00
Session 1	9:15 - 10:30	Session 3	2:00 - 2:30
Break		Break	
Session 2	10:45 - 12:00	Small Group	3:45 - 5:45

Evening: Rest

Weekend: On your own for rest or exploring the area.

(School ends at 5:45 PM on the last Friday)

For more information

Elijah House Schools
317 N. Pines
Spokane Valley, WA 99206

Lois Hochstatter
eh.liveschools@gmail.com
Phone: 509-321-1255 ext. 202
Fax: 509-321-1250

Basic I School Application Instructions

1. Distribute References

Character References: Give to a friend, not family member such as a spouse or offspring.

Pastoral Reference: Give to your pastor. If you are a pastor, have a Board member fill out your Pastoral Reference. If you have recently moved and your current pastor does not know you, send it to your former pastor.

2. Complete Application

Attach Current Picture

Include \$200 Deposit (per person)

3. Wait!

Don't send application to Elijah House until **"ALL"** references have been gathered. (Have references returned to you in sealed envelopes.)

4. Send Now!

(All Papers Together)

Application & Picture

Both References

\$200 Deposit (per person)

TO:

Elijah House, Inc.

Attn. live schools

317 Pines Road

Spokane Valley, WA 99206

(If faxing information, please also fax copy of check.

Then mail check and picture to Elijah House.)

5. Wait!

Don't make

"Travel Arrangements"

until you receive your

"Acceptance Letter!"

(It takes 1-3 days to process each application.)

6. Acceptance Letter Arrives

Make Travel Arrangements!

7. Shuttle Sheet

Mail, Fax, or E-mail us your arrival information.

8. Where to Find...

General School Information:

See "Live School Booklet"

Price, Date, & School Location Information:

See "price sheet."

Specific School Information:

See "Acceptance Letter"

If you have questions, please read **all** information **before** calling Elijah House. Most questions are answered in these publications. But if you do have a questions that is not answered, please don't hesitate to call:

Lois Hochstatter

509-321-1255 ext: 202

email: eh.liveschools@gmail.com

Web Page: www.elijahhouse.org

9. Deadlines to Remember!

(Record them here and on your home or business calander!)

Early Application: _____

Final Payment: _____

Shuttle information: _____

Elijah House "Live" School Application

BASIC I School

SCHOOL & DATE: _____ **LOCATION:** _____

Circle **ALL** that apply: Mr. - Mrs. - Ms. - Miss. - Pastor - Widow - Single Parent - Non U.S. Citizen

Name _____ Age _____ Spouse _____ Age _____

Name you would like to be called _____ Name spouse would like to be called _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Fax _____

Church/Denomination _____ Occupation _____

Traveling to School by: Airplane Train Car Rental car from airport

IMPORTANT!

Each student pays both a "Tuition Fee" and a "Facility Fee" as either a "Commuter or Resident." Tuition covers the actual cost of the school. Resident Facility Fee covers on-site housing, food, and meeting room cost. Commuter Facility Fees cover meeting room and daily lunch. (Commuters are responsible for arranging their own housing, breakfast and dinner.) See school information sheets for prices.

ITEM & COST	SINGLE	COUPLE	PAYMENT METHOD (U.S. Funds Only)
Tuition (per person)	\$460	\$920	Check # _____
Facility Fee			
Residents (per person)	+ \$800	\$1600	Credit Card # _____
Or Commuter (per person)	\$310	\$620	
Total	= _____	= _____	Expiration Date _____
Early Bird discount	- _____	- _____	Signature _____
Less Deposit	- \$200	- \$400	
Remaining Balance	= _____	= _____	I authorize Elijah House to charge the remaining balance to my Credit Card when Final Payment is Due.

The following items may need to be added to your shuttle sheet and sent into us when you confirm your travel plans.

Saturday Night Before School \$ _____ \$ _____
Saturday Night After School \$ _____ \$ _____
Shuttle \$ _____ \$ _____

Please attach a current picture here to help us get to know you before the school.

Initials _____ Date _____

Speical notes

- 1) Applications will not be accepted without a deposit
- 2) An additional \$25 late fee will be automaically assessed when payment is not received on the final payment date.
- 3) **Refunds:** All refunds are subject to a \$50 charge except when one is placed on the "Waiting List."

?'s
 Call: 509-321-1255 ext. 202
 Email: eh.liveschools@gmail.com

Special Needs or Requests: (Briefly explain need or reason for the request)

Diet _____

Medication _____ Disability _____

Other _____

1. Which of the following books have you read?

- | | |
|--|---|
| <input type="checkbox"/> Restoring the Christian Family | <input type="checkbox"/> The Renewal of the Mind |
| <input type="checkbox"/> Healing the Wounded Spirit | <input type="checkbox"/> Waking the Slumbering Spirit |
| <input type="checkbox"/> The Transformation of the Inner Man <small>(out of print)</small> | <input type="checkbox"/> God's Power to Change <small>(1st 1/2 of Healing the Wounded Spirit)</small> |
| <input type="checkbox"/> Transforming the Inner Man
<small>(1st 1/2 of Transformation of the Inner Man)</small> | <input type="checkbox"/> Letting Go of Your Past
<small>(2nd 1/2 of Transformation of the Inner Man)</small> |
| <input type="checkbox"/> Deliverance & Inner Healing | <input type="checkbox"/> Elijah Task |
| <input type="checkbox"/> Choosing Forgiveness | |

2. How long have you been a Christian? _____ Yrs Date of Salvation _____

3. Please give a brief account of when and how you became a Christian.

4. How are you presently serving the Lord?

5. Are you presently ministering to others?

Yes (Lay/Church Lay/Private Professionally)
 No If not, will you be doing prayer ministry after completing this training? Yes No Don't Know

6. What is your primary reason for attending this school?

7. What plans do you have for using this material after completing the school?

8. Are you receiving ministry or counseling at this time? ___ Yes ___ No If yes, briefly explain.

Because we are dealing with the hearts of people, the school can, at times, be very intense. Personal responses to teaching and small group interaction may include, but is certainly not limited to, some of the following: expression of anger, prejudices and resentments; apprehension, anxiety, insomnia, depression, dissociation, etc. **Note:** If a crime is confessed in small group during the school, the facilitator/leader of your small group will need to report it to the director/facilitator of the school. The director/facilitator of the school in accordance with the laws of your State may need to report it to the proper authorities. Because of time restraints, all of your personal life issues will not be dealt with during the course of the school. This is a life long process. However, we do give you the tools to pursue further healing, and you may want to pursue further ministry once the school is complete. If you feel there are already significant life issues that need to be addressed, ministry or counseling prior to your enrollment in the school is advisable and always beneficial. If you have been seeing a counselor, we ask that you discuss the school with your counselor and receive their approval. (Their signature is required below)

Having accepted the school enrollment information and requirements outlined in this application and the Elijah House Live School Booklet, I respectfully submit my application. I agree to respectfully abide by the determination of Elijah House as to the suitability of my attendance at this time. I agree to indemnify and hold Elijah House and any host facility harmless for any of my personal responses to the teachings and small group time during the school. I also agree to indemnify and hold Elijah House and any host facility harmless for any costs in time, travel, accommodations, or other incidentals, should the school be canceled, my acceptance be delayed, or I am asked to discontinue the course to seek ministry before continuing at another time.

I understand that my signature testifies that all information provided is true, that I accept the terms of enrollment, and will provide sufficient funds in a timely manner for my participation in the school.

Applicant's Signature: _____ Date _____

Spouse's Signature _____ Date _____
(Spouse's Signature is required regardless of whether or not he/she is attending)

Counselor Name (if applicable): _____ Phone _____

Address: _____

City, State, Zip: _____

Elijah House School of Prayer Ministry

Character Reference

CONFIDENTIAL – For Elijah House use only

For: (Applicant's Name) _____ Phone # _____

School Location _____ Date of School _____

The person named above is applying to attend an Elijah House School for Prayer Ministry. Your comments about this individual's character and spiritual maturity are required to determine the applicant's suitability for the school. Your comments are important.

Please return this reference to the applicant in a sealed envelope with their name, phone number, and Character Reference written on the outside. If you have any questions please feel free to call us at 509-321-1255 ext. 202.

1. What is your relationship with the applicant? Length of relationship _____(yrs)

2. How would you evaluate the applicant in the following areas? (Please circle or check answer)

	HIGH		MEDIUM		LOW	DON'T KNOW
Humility	5	4	3	2	1	?
Mournful over sin	5	4	3	2	1	?
Gentle; meek	5	4	3	2	1	?
Seeks to do things God's way	5	4	3	2	1	?
Merciful	5	4	3	2	1	?
Pure in heart	5	4	3	2	1	?
Peacemaker	5	4	3	2	1	?
Self-controlled	5	4	3	2	1	?
Heart for the lost	5	4	3	2	1	?
Cares for others	5	4	3	2	1	?
Integrity	5	4	3	2	1	?
Overall Spiritual Maturity	5	4	3	2	1	?

3. What areas in the applicant's life do you feel need development?

4. What do you see as the applicant's strengths?

5. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest, how would you rate the applicant's working relationship to people who are in authority over them? _____

6. On a scale of 1 to 5, with 1 being the weakest and 5 being the strongest, how would you rate the applicant's working relationship to people who are under their authority? _____

Signature: _____ Date: _____

Print Name: _____ Relationship to Applicant: _____

Phone: _____ City, ST _____

(Please return to applicant in a sealed envelope.)

Elijah House School of Prayer Ministry

Character Reference

CONFIDENTIAL – For Elijah House use only

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Self-controlled	5	4	3	2	1	?
Heart for the lost	5	4	3	2	1	?
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Print Name: _____ Relationship to Applicant: _____

Phone: _____ City, ST _____

(Please return to applicant in a sealed envelope.)

ELIJAH HOUSE

317 N. Pines Road
Spokane Valley, WA 99206

Email: eh.liveschools@gmail.com
Phone: (509) 321-1255 ext. 202

**MAIL, FAX or EMAIL this information so that it ARRIVES at Elijah House
NO LATER THAN the MONDAY before the school.**

SHUTTLE SHEET

NAME _____ **DATE** _____

DAY PHONE: _____ **EVENING PHONE** _____

E-MAIL ADDRESS: _____

CELL PHONE (in case we need to call you at the airport): _____

**School Location: Basic I School
Spokane, WA**

School Date: May 19-30, 2008

I am arriving by : Airplane Train Bus

TRAVEL ITINERARY

SCHOOL BOUND

HOME BOUND

Arriving From _____

Departing _____

Arrival Date _____

Departure Date _____

Arrival Time _____

Departure Time _____

Train/Bus/Airline _____

Train/Bus/Airline _____

Flight Number _____

Flight Number _____

Special Notes:

___ I will need to stay an extra night on the **Saturday before** or the **Saturday after** the school.

___ Charge my Credit Card now for the Shuttle and/or extra nights

Card # _____ **Exp. Date:** _____

Signature _____