



FREDERICKSBURG PRAYER FURNACE

THE MAP SCHOOL APPLICATION

Instructions:

1. Please fill out complete application leaving blank as little as possible.
2. Each reference must complete the recommendation forms and return them to the applicant.
3. Read through the standard rules and guidelines of MAPS as well as the core vision and mission statement of the Fredericksburg Prayer Furnace found in the back of this packet.
4. Send application and application fee of \$50, recommendation forms, and policy agreement form to the following mailing address (You should keep the standard rules and guidelines of the Missions and Prayer School as well as the Statement of Faith and the Core Values of the Fredericksburg Prayer Furnace for yourself):

Fredericksburg Prayer Furnace
Attn: MAPS CONFIDENTIAL
PO BOX 4117 | Fredericksburg, VA 22402

Application Contents:

1. MAPS application.
2. Acknowledgement of Agreement and Parental Consent Form
3. MAPS pastoral recommendation form.
4. MAPS personal recommendation forms.
5. Statement of Faith and Core Values of the Fredericksburg Prayer Furnace.
6. Standard rules and guidelines of the Missions and Prayer School.

Acceptance:

1. Once your form is received, we will process your application and you will receive an acceptance or denial letter in the mail and/or via email.
2. Accepted applicants will receive further instruction by mail, email, or phone call.
3. If you have any questions about the application or acceptance process, please email info@themapschool.com or call 540.834.2340.



Missions and Prayer School

Student Application



PERSONAL INFORMATION

Full Name _____
 Address _____
 City _____ State ____ Zip _____
 Country _____
 Home Phone _____ Cell Phone _____
 Email _____
 Website _____
 Social Security Number _____
 DOB _____ Age _____ Male Female



Do you speak any languages besides English? Yes No If yes, which language(s)?: _____

FAMILY INFORMATION

1. Father/guardian _____ Deceased Living Phone _____
 Address _____ City _____
 State ____ Zip _____ Country _____

2. Mother/guardian _____ Deceased Living Phone _____
 Address _____ City _____
 State ____ Zip _____ Country _____

3. Marital status Single Engaged Married Widowed Separated* Divorced*
 Check all that apply. * Please include explanation on a separate sheet of paper

If you are married, please answer the following question:

Spouse's name _____ DOB _____ Age _____ How long married? _____

4. Do you have children? Yes No
 If yes: How many? _____ How old? _____



HEALTH INFORMATION

1. Please mark if you have had any occurrences (from mild to severe) of the following:

- | | |
|--|--|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Mild depression | <input type="checkbox"/> Drug use, including cigarettes or prescription drugs |
| <input type="checkbox"/> Chronic depression | <input type="checkbox"/> Long-term medication |
| <input type="checkbox"/> Chronic fatigue syndrome | <input type="checkbox"/> Eating disorders: bulimia, anorexia, diet obsessive, etc. |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> HIV or AIDS |
| <input type="checkbox"/> Insomnia/other sleeping disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Communicable diseases: _____ |
| <input type="checkbox"/> Other _____ | |

If any of the previous items were checked, please explain. Use a separate sheet of paper if necessary.

2. Do you have any physical or disabilities or conditions that require special care? Yes No

If yes, please explain: (please include any learning disabilities that could affect the classroom/course work part of the program)

3. Do you have any substance abuse problems or addictions? Yes No

If yes, please explain:



Missions and Prayer School

Student Application

4. Do you currently have, or have you ever had, any life-controlling mental, emotional, or relational issues? Yes No

If yes, please explain:

5. Have you ever voluntarily or involuntarily received help for psychological, sexual, emotional, or relational problems? Yes No

If, yes please provide details below:

Year	Caregiver(s)	Identified Problem(s)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. Have you ever been accused and/or reported for physically or sexually abusing someone? Yes No If yes, please explain on a separate sheet.

7. Do you have a police record? Yes No If yes, please explain on a separate sheet.

8. Are you currently awaiting trial? / Do you have a pending criminal record? Yes No
If yes, please explain on a separate piece of paper.

9. Have you ever attempted or considered suicide? Yes No
If yes, please explain the circumstances. Include when, where, and how you were treated, whether voluntary or involuntary.

10. Do you currently wrestle with suicidal thoughts? Yes No
If yes, please describe.



Missions and Prayer School

Student Application

11. Have you ever had a problem with viewing child pornography? Yes No
If yes, please explain.

12. Have you ever taken or been prescribed medication related to psychological problems?
 Yes No If yes, please list the medications and describe your treatment methods.

13. Are you currently under a prescription for medication related to psychological problems?
 Yes No If yes, please list the medications and describe your treatment methods.

If yes, are you currently taking this medication? Yes No

14. Are you currently on any other medications? Yes No

15. Do you have health insurance? Yes No

If so, who is the provider? (Ex. Blue Cross and Blue Shield, Aetna US Health, etc.) _____

What is the account number? _____



MEDICAL INFORMATION

I am currently on the following medications, and these medications are being prescribed and regulated by the following doctor(s):

Medication:	Doctors name:	Doctor's phone number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to continue with these medications under the supervision of my doctor's care throughout my time in MAPS. I understand that failure to keep up with my medications under my doctor's care is grounds for my immediate dismissal.

Applicant name _____ Date _____

Signature _____

MEDICAL RELEASE

I, _____, will be participating in the Missions and Prayer School from _____ (Start date) to _____ (End date). During this time I authorize any agent of MAPS or any agent of any medical facility to act on my behalf should I be unable to do so and consent to anesthesia, surgery, or other procedures which may be deemed necessary for my medical insurance. I will not hold MAPS or Fredericksburg Prayer Furnace liable for any financial or legal costs accrued for medical attention and/or treatment during my time with the Missions and Prayer School.

Applicant name _____ Date _____

Signature _____



EDUCATION, EMPLOYMENT, AND MINISTRY BACKGROUND

1. Highest level of education achieved: _____

2. List previous places of employment, starting with the most recent:

Employer _____ City, state _____ Dates _____
Phone _____ Supervisor _____
Responsibilities _____ Reason from leaving _____

Employer _____ City, state _____ Dates _____
Phone _____ Supervisor _____
Responsibilities _____ Reason from leaving _____

Employer _____ City, state _____ Dates _____
Phone _____ Supervisor _____
Responsibilities _____ Reason from leaving _____

3. Are you currently involved in a local church? Yes No If no, please explain.

4. Describe your previous ministry training and involvement. Use an extra sheet of paper as needed.

5. Describe how your church or spiritual family feels about your participation in MAPS.



FINANCES

The full tuition of the Missions and Prayer School is \$4,000 (**residential**) per semester. (**subject to change)

1. How do you plan on paying the full amount of the program tuition?

2. Program tuition includes a meal plan and housing. Beyond tuition, how will you provide for additional expenses such as phone, personal supplies and food, gas, and recreation?

3. Do you currently have debt? Yes No
If yes, please explain you plans for managing it if accepted into MAPS.



PERSONAL EVALUATION

1. Please evaluate yourself in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:



Missions and Prayer School

Student Application

2. What would you consider to be your talents, gifts, and strengths?

3. What would you consider to be your weaknesses or struggles?

4. What are some of your hobbies and interests?

5. How did you hear about the Fredericksburg Prayer Furnace/MAPS?

6. What lead you to apply for MAPS?



PERSONAL TESTIMONY

1. Please write your personal testimony as a separate typed document. It should be a maximum of 500 words. Include the following points:
 - a. A summary of your personal journey with Christ.
 - b. Describe past and present life-controlling issues, whether mental, emotional, or relational.
 - c. Your goals for the future, including your life vision and ministry plans.
 - d. Expectations for your time in MAPS and a summary of what you hope to learn while participating.

2. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the dates and length of involvement and what ministry you have had to overcome them:
 - Heterosexual sin including pornography and promiscuity:

 - Homosexual activity:

 - Eating disorders:

 - Compulsive behaviors:

 - Abuse: verbal, physical, emotional, or sexual:



ARTISTIC TRAINING

1. Are you a singer? Yes No Please rate your level of experience.

	None	Minimal	Moderate	Proficient
History of taking vocal lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with a live band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with performing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency with your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience leading worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

2. Are you a musician? Yes No Rate your level of experience on your primary instrument.
Primary instrument: _____

	None	Minimal	Moderate	Proficient
Sight reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing by ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading chords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of taking music lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue rating your experience:

	None	Minimal	Moderate	Proficient
Experience with live band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency on your instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience leading worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Missions and Prayer School

Student Application

Experience teaching

Additional comments:

3. Do you play any other instruments? Yes No Please list and rate each one of them.

4. Would you like to be involved with a worship team at the Prayer Furnace? Yes No

5. Are you a dancer? Yes No Please rate your experience.

If yes, how long have you danced? _____

	None	Minimal	Moderate	Proficient
Ballet training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern/contemporary training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jazz/hip hop training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience on stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pick up choreography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choreography/teaching experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

6. Are you an artisan (visual arts)? Yes No If so, please indicate what kind.

Paint Draw/sketch Photography/videography



Student Application

Pottery Graphic design Other: _____

7. Are you a writer? Yes No

8. Do you have experience with running sound? Yes No If yes, please explain:

9. Would you be interested in learning how to run projection on a worship set? Yes No

ACKNOWLEDGMENT OF AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.

- I have read and agree with the Fredericksburg Prayer Furnace statement of faith.
- I have read and agree with the Fredericksburg Prayer Furnace core values.
- I have read, agree with, and will abide by the MAPS Guidelines.
- I understand that MAPS will include practical ministry training and service to others.
- I understand that I must secure sufficient funds to cover all my tuition for MAPS.
- I understand that I must secure sufficient funds to cover all my personal expenses.
- I declare that the information I have provided in my application is true, accurate, and complete.
- I understand that providing false information in my application may be grounds for the denial of my application and/or dismissal from MAPS.

Signature _____ Date _____



PARENTAL CONSENT (for minors)

The minimum age for the Missions and Prayer School is 18 years or older; however, we do make some exceptions. Applicants that are minors are encouraged to apply regardless of age. If we feel that this is not the right timing for the individual, the applicant will be encouraged to apply for a later internship.

My child, _____ (name of applicant), has permission to be enrolled and participate in MAPS from ____/____/____ (start date of school) through ____/____/____ (end date of school, or 18th birthday of minor). I give permission to the schools leaders to administer any guidance, counseling, teaching, and medical assistance if necessary.

Name of parent/guardian (print) _____ Date _____

Signature or parent/guardian _____



Missions and Prayer School

Student Application

APPLICATION FEE

Please attach a \$50 (U.S. dollars) check to this application for administrative processing. Make checks payable to Fredericksburg Prayer Furnace (or FPF). If paying by credit card, please fill out the information below:

/isa MasterCard Discover # _____

Expiration date _____ Security code (3-digit code on back of card) _____

Signature _____ Date _____

Please note that application fees are non-refundable.



Missions and Prayer School

Student Application

MAPS

P.O. Box 4117, Fredericksburg, VA 22402

Phone: 540.834.2340 | info@theprayerfurnace.org

PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT: (If you do not have a pastor or any spiritual authority in your life, please explain why on a separate sheet of paper.)

Name _____ Phone _____

Internship start date _____ Email _____

I waive my right of access to this letter of reference.*

Signature _____ Date _____

I do NOT waive my right of access to this letter of reference.*

Signature _____ Date _____

*Please check only one option

TO BE COMPLETED BY THE PASTORAL REFERER

Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together as one packet.

If you have any questions, please email us at info@theprayerfurnace.org.

Name _____

Church name _____

Staff Position _____

Church phone _____

Church address _____



Missions and Prayer School

Student Application

City, state, zip/post code, country _____

Contact phone _____

Email _____

How long have you known the applicant? / How well do you know them?

Please describe the applicant's level of involvement at your church.

What is the applicant's effect on his/her peers?

Has the applicant served in your congregation in any capacity? Yes No

If yes, please give a brief description:

MAPS consists of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and time constraints? Yes No if so, please explain.



Missions and Prayer School

Student Application

What is your assessment of the applicant's ability to handle situations involving change, crisis, and correction?

According to your observations, what are the strengths and spiritual gifts of the applicant?

According to your observations, what is your assessment of the applicant's weaknesses and struggles?

Are you aware of any complex family or relational factors that might affect the applicant's time in MAPS?

Would you have the applicant on your staff? Yes No why or why not?



Missions and Prayer School

Student Application

Please evaluate the applicant in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

Do you recommend this applicant for MAPS?

Highly recommend
 Recommend
 Recommend with reservations*
 Do not recommend*



Missions and Prayer School

Student Application

*Please explain:

Additional comments of explanations not already covered:

Signature _____ Date _____



Missions and Prayer School

Student Application

MAPS
P.O. Box 4117, Fredericksburg, VA 22402
Phone: 540.834.2340 | info@theprayerfurnace.org

PERSONAL RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT

Name _____ Phone _____

Internship start date _____ Email _____

I waive my right of access to this letter of reference.*

Signature _____ Date _____

I do NOT waive my right of access to this letter of reference.*

Signature _____ Date _____

*Please check only one option.

TO BE COMPLETED BY THE PERSONAL REFERER

Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together as one packet.

If you have any questions, please email us at info@theprayerfurnace.org.

Name _____

Age _____

Phone _____

Address _____



Missions and Prayer School

Student Application

City, state, zip/post code, country _____

Email _____

How long have you known the applicant? / How well do you know them?

What relationship do you have with the applicant?

Please describe your understanding of the applicant's intentions for their time as a MAPS student.

MAPS consists of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and time constraints? Yes No so, please explain.



Missions and Prayer School

Student Application

According to your observations, what are the strengths and spiritual gifts of the applicant?

According to your observations, what is your assessment of the applicant's weaknesses and struggles?

Are you aware of any complex family or relational factors that might affect the applicant's time at MAPS?



Missions and Prayer School

Student Application

Please evaluate the applicant in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:



Missions and Prayer School

Student Application

Do you recommend this applicant for MAPS?

Highly recommend Recommend Recommend with reservations* Do not recommend*

*Please explain:

Additional comments of explanations not already covered:

Signature _____ Date _____



FREDERICKSBURG PRAYER FURNACE STATEMENT OF FAITH

WE BELIEVE that only the sixty-six books of the Bible are the inspired, and therefore inerrant, Word of God. The Bible is the final authority for all we believe and how we are to live. [Matthew 5:18; John 10:35 and 17:17; 2 Timothy 3:16-17; 2 Peter 1:20-21]

WE BELIEVE that Jesus Christ is God incarnate, fully God and fully man, that He was conceived and born of a virgin, lived a sinless life, and offered Himself as a penal, substitutionary sacrifice for sinners. By His bloodshed at the Cross, He obtained for us eternal redemption, the forgiveness of sins and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints forever. [Matthew 1:18-25; John 1:1-18; Romans 8:34; 1 Corinthians 15:1-28; 2 Corinthians 5:21; Galatians 3:10-14; Ephesians 1:7; Philippians 2:6-11; Colossians 1:15-23; Hebrews 7:25, 9:13-15 and 10:19; 1 Peter 2:21-25; 1 John 2:1-2]

WE BELIEVE that salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work or any other activity on the part of man is required or accepted in order to be saved. This saving grace of God, through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ. [John 1:12-13, 6:37-44 and 10:25-30; Acts 16:30-31; Romans 3-4 and 8:1-17, 31-39 and 10:8-10; Ephesians 2:8-10; Philippians 2:12-13; Titus 3:3-7; 1 John 1:7, 9]

WE BELIEVE that the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom we are also sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion, the Spirit desires to fill, empower and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the Kingdom and to empower and edify the Church to fulfill its calling and mission. [Matthew 3:11; John 1:12-13 and 3:1-15; Acts 4:29-30; Romans 8:9 and 12:3-8; 1 Corinthians 12:12-13; 2 Corinthians 1:21-22; Galatians 3:1-5; Ephesians 1:13-14 and 5:18]

WE BELIEVE that the one true God exists eternally in three persons-Father, Son and Holy Spirit-and that these, being one God, are equal in deity, power and glory. We believe that God not only created the world but also now upholds, sustains, governs and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name. [Psalm 104 and 139; Matthew 10:29-31 and 28:19; Acts 17:24-28; 2 Corinthians 13:14; Ephesians 1:9-12 and 4:4-6; Colossians 1:16-17; Hebrews 1:1-3; Revelation 1:4-6]



WE BELIEVE that when the Christian dies they pass immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and the glorious transformation of their body. The saved will then forever dwell in blissful fellowship with their great triune God. We also believe that when the unbeliever dies they are consigned to Hell, there to await the Day of Judgment when they shall be punished with eternal, conscious and tormented separation from the presence of God in the lake of fire. [Matthew 25:46; Luke 16:19-31; John 5:25-29; 1 Corinthians 15:35-58; 2 Corinthians 5:1-10; Philippians 1:19-26 and 3:20-21; 2 Thessalonians 1:5-10; Revelation 20:11-15 and 21:1-22:15]

WE BELIEVE that water baptism and the Lord's Supper are the two ordinances of the Church to be observed until the time of Christ's return. They are not a means of salvation, but are channels of God's sanctifying grace and blessing to the faithful in Christ Jesus. [Matthew 26:26-29 and 28:19; Romans 6:3-11; 1 Corinthians 11:23-34; 1 Peter 3:21]

WE BELIEVE in the literal Second Coming of Christ at the end of the age when He will return to Earth personally and visibly to consummate His Kingdom. We believe that the Church will go through the Great Tribulation in great power and victory. We believe the Church will be raptured at the end of the Great Tribulation. We also believe in and are praying for a great end-time harvest of souls and the emergence of a victorious Church that will experience an unprecedented unity, purity and power in the Holy Spirit. [Psalms 2:7-9 and 22:27-28; John 14:12 and 17:20-26; Romans 11:25-32; 1 Corinthians 15:20-28, 50-58; Ephesians 4:11-16; Philippians 3:20-21; 1 Thessalonians 4:13-5:11; 2 Thessalonians 1:3-12; Revelation 7:9-14]

WE BELIEVE that Adam was originally created in the image of God, righteous and without sin. In consequence of his disobedience, Adam's posterity are born subject to both imputed and inherent sin, and are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God. [Genesis 1-3; Psalm 51:5; Isaiah 53:5; Romans 3:9-18 and 5:12-21; Ephesians 2:1-3]

WE BELIEVE that the Church is God's primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the Church apostles, prophets, evangelists, pastors and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe that women, no less than men, are called and gifted to proclaim the Gospel and do all the works of the Kingdom. [Matthew 16:17-19; Acts 2:17-18, 42; Ephesians 3:14-21 and 4:11-16; 1 Timothy 2:11-15; Hebrews 10:23-25; 1 Peter 2:4-5 and 9-10]



WE BELIEVE that God has called the Church to preach the Gospel to all nations, and especially to remember the poor and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the Kingdom of God. [Isaiah 58:6-12 and 61:1; Matthew 5-7, 28:18-20; Luke 4:18 and 21:1-4; Galatians 2:10; 1 Timothy 6:8]

WE BELIEVE that Satan, originally the great and good angel Lucifer, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness, evil and unrest on Earth. Satan was judged and defeated at the cross of Christ and will be cast forever into the lake of fire which has been prepared for him and his angels. [Isaiah 14:10-17; Ezekiel 28:11-19; Matthew 12:25-29 and 25:41; John 12:31 and 16:11; Ephesians 6:10-20; Colossians 2:15; 2 Peter 2:4; Jude 6; Revelation 12:7-9 and 20:10]



FREDERICKSBURG PRAYER FURNACE CORE VALUES

1. **Intimacy with Jesus** - Our first and foremost priority is to pursue the true knowledge of God with all our hearts - especially of Christ and Him crucified. This is the "one thing" (Ps. 27:4) that occupies our hearts and focus above all others. "There is no danger in the excess of loving you..." (Kevin Prosch)
2. **Night and day worship and prayer** - This is the center of our calling and mandate and will lead to the transformation of our city and the nations as we "cry out day and night"(Luke 18:6).
3. **Justice/Compassion** - We will not forget the poor, the oppressed, or the unborn.
4. **Supernatural ministry** - We are committed to and aggressively pursue the fullness of the power and presence of the Holy Spirit being demonstrated through all the gifts of the Holy Spirit. In this way, we will see the Kingdom of God come "on earth as it is in heaven."
5. **Mission** - We take the great commission seriously and actively seek to build relationships with those that do not yet know Jesus and engage every sphere of culture with the gospel including the nations.
6. **Creative Arts** - God wants to redeem all aspects of culture and creative arts are vital expressions of worship, prophetic ministry, and communication.
7. **Centrality of the Scriptures** - We are committed to the centrality of the Word of God in all that we do and look to the Bible as the primary guide and source of truth and life as well as the primary source of our prayers and intercessions.
8. **Fasted Lifestyle** - We believe that fasting and prayer is the normal lifestyle of every believer for the primary purpose of knowing Jesus and the secondary purpose of shaping history through intercession. We believe that radical generosity and giving are also a fundamental part of the fasted lifestyle.
9. **Covenant relationships** - We value friendships with like-minded people and treat them as long term relationships.
10. **Community** - The Kingdom of God is a family not primarily an organization.
11. **Urgency** - We believe that this is an hour of crisis, that the Day of the Lord is approaching, and that understanding, repentance, and prayer is needed as a response.
12. **Israel-** We are committed to and contending for the fullness of God's purposes for Israel.



MISSIONS AND PRAYER SCHOOL STANDARDS AND EXPECTATIONS

Basic Guidelines

- Each student's commitment to God and one another is to walk in covenant love and true servanthood and humility during their entire time with the internship. This commitment is honored by abiding within the freedoms and restraints of the ministry.
- Due to the spontaneous and oft-times necessary changes in community circumstances and prayer assignments, **flexibility** is key. Please be prepared for ongoing adjustments in schedules and assignments.
- Guests (those not in MAPS) wanting to attend teachings, training, and/or special events, are subject to approval by MAPS staff.

Leadership

It is expected that all students will be responsive to those in authority, maintain good attitudes and show respect at all times for all teachers, administrators, and personnel in charge of a given area of leadership.

Missions and Prayer School Conduct

All students are expected to maintain the strictest standards of honesty and integrity in all their academic and ministry track endeavors.

Relationships

"Let no one despise your youth, but be an example to the believers in word, in conduct, in love, in spirit, in faith, in purity" (1 Timothy 4:12). As a MAPS student, you are to be an example in your speech, your lifestyle, your love for God and others, your attitude of faith, and in your moral purity.

As a school, we will have every student and staff member commit to and sign a Purity Pledge that gives accountability in the area of sexual purity to each individual that is part of the Fredericksburg Prayer Furnace. Refusal to participate in the pledge is grounds for dismissal. If you have a concern or circumstance that you believe could warrant an exception to this rule please contact MAPS leadership.



Missions and Prayer School

Student Application

Housing

Housing is provided for all students by host families involved with our community that volunteer their homes, or by homes that the Prayer Furnace rents or owns. Student housing is separated by gender. The students must be good stewards of the property that God has given to us.