

School of Spiritual Healing & Prophecy

P.O. Box 252

Lily Dale, New York 14752

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Course Questionnaire

Last Name: _____ First Name: _____

Address: _____

City: _____ State/Prov.: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: _____ E-mail: _____ Birthdate: _____

Formal Education Background: _____

Current Vocation: _____

This questionnaire and your personal interview are designed to assist you and our staff to get to know each other better and to assist us in providing the best possible experience for you when you enter to School. We appreciate your answering the questions as completely as possible.

What is your background in religious and/or spiritual education? Please include any religious education from childhood as well as church affiliations as an adult.

List the titles of 1-3 books that have had a major impact on your spiritual direction.

Tell us about the overall direction of your life.

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Where do you see yourself in five years, personally and professionally?

What changes in your life are necessary to make in order to achieve these goals?

How do you see this School affecting your life's direction?

List three things that you would like to receive from this School?

What are your greatest challenges and strengths both personally and professionally?

What is your greatest achievement to date?

Name a specific person who has had a significant influence on your growth and development. How did this person influence you?

Are you currently under the care of Doctor or therapist?

Are you currently taking any prescription medications?
If so, please list:

Do you have any health conditions that could impact your full participation in our program?