

**Prophetic Harp Conference Jerusalem House of Prayer For All Nations - Application Form**

**School of the Prophetic Harp November 3<sup>rd</sup> to 30<sup>th</sup> - 2011**

Mail forms and pages to: Jerusalem House of Prayer For All Nations - School of the Prophetic Harp  
 P.O. Box 31393, Jerusalem 91313, Israel Tel: + 972 2626 1518 Fax: 972 2626 4239 E-mail: guests@jhophan.org

As space is limited so, each application will be prayerfully considered, but not all who apply will be able to attend. Students must have a calling to play harp and are seeking to develop a ministry in intercession, worship, deliverance and healing. You will be contacted with further instructions.

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Female  
 Male

E-mail: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ Unit# \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

Country \_\_\_\_\_

Postal Code/ Zip: \_\_\_\_\_

Date of Birth:

(D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_

Telephone Home: \_\_\_\_\_

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

Marital Status:  Married  Divorced  Single

Remarried  Engaged  Widowed  Separated

Your present occupation: \_\_\_\_\_ Your church affiliation: \_\_\_\_\_

List special responsibilities in your church: \_\_\_\_\_

Have you ever lived in a community before? If so, describe: \_\_\_\_\_

If married, give the name of your spouse: \_\_\_\_\_

Does he/she approve of your intention to attend the school? \_\_\_\_\_

In case of emergency, contact:

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have a physical disability?

Yes  No

Has a doctor prescribed a special diet for you?

Yes  No

Are you under medical or psychiatric supervision?

Yes  No

If yes to any of the above, please explain briefly: \_\_\_\_\_

**Health Insurance**

Health Insurance is required for all students. While we are standing in faith, believing in God's divine protection for our school, Jerusalem House of Prayer for All Nations cannot take responsibility for health care insurance for our students. If you presently have health insurance, we suggest that you confirm your coverage overseas for the duration of your stay in Israel. If you are interested in purchasing health insurance in Israel, please ask and we will send you information including prices.

What is your level of fluency in English?

Fluent Fair Poor

Reading

Writing

Speaking

How did you hear about the school?

Newsletter  Friend  Staff member

Relative  Other (describe): \_\_\_\_\_

**Passport Information**

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Father's first name: \_\_\_\_\_ Mother's first name: \_\_\_\_\_

Name (as it appears on passport): \_\_\_\_\_ Countries Visited: \_\_\_\_\_

Do you need a visa? Yes  No

Do you own a harp? Yes  No  If yes please describe... (make, number of strings, levers, pedal?) \_\_\_\_\_

What is your experience level? \_\_\_\_\_

Are you bringing this harp to the school? Yes  No

If no, please refer to the **HARP PURCHASE/REQUEST RENTAL FORM**

**Tuition Cost and Payment Deadlines**

If accepted, the tuition is \$1899 (usd) with the first payment of \$1050 (usd) due by August 1st, 2011. The second payment of \$849 (usd) will be due September 15th. For costs related to harp rental or purchase, please refer to the **HARP PURCHASE/REQUEST RENTAL FORM**.

Are you interested in applying to join JHOPFAN as a staff member for at least 24 months after the school Yes

**Please take note of the following very important instructions:**

Please include the following with your application:

1. Attach a letter of recommendation from your pastor, if you are not a pastor yourself.
2. On a separate piece of paper: a) Describe your conversion experience; include how, when and where b) Describe your present walk with the Lord and your calling as a musician to lead worship, intercede, move in the gifts of the Spirit, and your desire to play harp c) Have you been involved in a 24- hour prayer watch? d) List any steps you have taken to equip yourself for your calling (Bible training, music instruction, experience on a worship team, seminars, books that have influenced you)

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

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