

# 3D Training Center

## APPLICATION FOR ADMISSION

a ministry of DM2

### Instructions / Check off when complete.

- Applicant must be 18 years of age on or before Sept. 1 of application year.
- Read the entire DM2 doctrinal statement at [www.3DTC.org](http://www.3DTC.org)
- Attach a color photo of yourself (Think profile picture, no selfies, please. This will be for our student directory)
- Attach photocopy of your driver's license or government issued ID
- Attach photocopy of your medical insurance card
- Secure two personal recommendations, to be **sent directly to admissions**.
- Secure spiritual recommendation, to be **sent directly to admissions**.
- Attach official high school transcript, GED, or equivalent.
- Send ALL application items (excluding recommendations) as **one** packet by mail or email to:

cody@3dtc.net  
Disciple Makers Multiplied - 3DTC  
PO Box 7758, Beaumont, TX 77726

### ABOUT YOU

Male  Female

\_\_\_\_\_  
Last Name First Name Middle Name Maiden Name

\_\_\_\_\_  
Home Street Address City State Zip Code

\_\_\_\_\_  
Social Security Number Date of Birth Driver's License No. State Attach copy of DL or Gov. ID

### CONTACT INFORMATION

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Home Phone Number Your Cell Number Your Email

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### MARITAL STATUS

Single  Engaged  Married  Remarried  Divorced  Widow/Widower  Separated

Do you have any dependents:  Yes  No If yes, list and describe situation \_\_\_\_\_

### CITIZENSHIP

City/Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

### HIGHEST EDUCATION COMPLETED

GED  High School Diploma  College  1  2  3  4  Bachelor  Master  Doctorate  Other \_\_\_\_\_

I am submitting proof of high school transcript/GED/equivalent

### EDUCATION HISTORY (Most current first)

Name of School	City	From/To	Type of Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been expelled, dismissed or suspended from any school, college, or seminary  YES  NO  
Explain: \_\_\_\_\_



## EMPLOYMENT (List most current)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Are you currently employed (  ) YES (  ) NO Have you ever been fired or terminated (  ) YES (  ) NO

If yes, explain reason(s) why:

## FINANCES

I have outstanding loans. (  ) YES (  ) NO I have outstanding student loans. (  ) YES (  ) NO

I am aware that while I attend 3D Training Center, I may have to continue to pay any previous student loans. (  ) YES (  ) NO

I am aware that due to the intensity and hours involved I will not be able to hold a job during the school year. (  ) YES (  ) NO

I have financial obligations that may hinder me from attending 3D Training Center or paying my obligations. (  ) YES (  ) NO

Please share how you intend to finance your education with 3D Training Center. \_\_\_\_\_

## CHURCH AFFILIATIONS

In the past 5 years how many churches have you attended? \_\_\_\_\_ Name of local church you presently attend \_\_\_\_\_

Do you faithfully attend your church? \_\_\_\_\_ Name of your previous church: \_\_\_\_\_

Address of your church: \_\_\_\_\_ Church email: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Church phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pastor's phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Pastor's Email \_\_\_\_\_

## MEDICAL INFORMATION

Do you have health insurance? *Circle one:* YES NO

If **YES**, you will need to provide a copy of your insurance information for record-keeping and emergency purposes.

If **NO**, initial that you acknowledge that no health insurance coverage will be provided for you by 3DTC. *Initials:* \_\_\_\_\_

Do you have any medical conditions or history that would be pertinent to your time attending 3DTC? If YES, please describe here:

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

*Disclaimer: You are responsible for any costs pertaining to your medical needs during your attendance at 3DTC (with or without insurance).*

## LEGAL/CRIMINAL HISTORY

Have you ever been accused, convicted, or acquitted of any federal criminal offenses or felonies? *Circle one:* YES NO

If **YES**, please explain: \_\_\_\_\_

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

## SHORT ANSWER RESPONSES: (Use additional paper)

1. EXPLAIN WHY YOU DESIRE TO ATTEND
2. SHARE YOUR PERSONAL TESTIMONY
3. IF YOU WERE TO SHARE THE GOSPEL RIGHT NOW, HOW WOULD YOU COMMUNICATE IT?

## DECLARATION

\_\_\_\_ I have read the DM2 doctrinal statement (posted on [www.3DTC.org](http://www.3DTC.org)) and I am willing to come as a student fully aware of DM2's (3DTC) doctrinal positions. (*Note: You **do not** have to agree with the doctrinal statement to attend.*)

\_\_\_\_ I understand that the 3D Training Center is **not accredited** and will not seek to become accredited, and that I will be issued a non-accredited degree upon satisfactory completion of this program.

\_\_\_\_ I am not presently under **Church discipline** from any local church.

\_\_\_\_ I declare that the information provided in this entire application is accurate and true to the best of my knowledge. (  ) YES (  ) NO

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

# 3D Training Center

## Spiritual Recommendation Form



**Instructions**

**For the Applicant:** Please ask your pastor or other spiritual mentor to complete this form and **mail it directly** to the Admissions Office at the following address:

**3D Training Center, PO Box 7758, Beaumont, TX 77726**

**For the Spiritual Mentor:** The applicant below is applying for admission to the **3D Training Center**, an intensive program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ.

Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please **mail it directly to us; do not return it to the applicant. Thank you.**

**Office use only:**

**Name of Applicant:** \_\_\_\_\_  
Last Name First Name Middle Name

Your Name \_\_\_\_\_ Your Title \_\_\_\_\_  
 Church \_\_\_\_\_ Your phone \_\_\_\_\_ Your Email \_\_\_\_\_  
 Church Address \_\_\_\_\_  
Street City State Zip

**How long have you known the applicant?** \_\_\_\_\_ **How long has he/she attended church?** \_\_\_\_\_

**How well do you know the applicant?** (choose only one): \_\_\_\_\_ Very close/personal relationship  
 \_\_\_\_\_ Fairly well/many interactions \_\_\_\_\_ Casually/few personal contacts \_\_\_\_\_ By name and sight only

**Additional comments:** \_\_\_\_\_

- To your knowledge, has the applicant trusted in Christ as Savior?  Yes  No  Not sure
- Is the applicant faithful in attending church meetings?  Yes  No  Not sure
- Is the applicant engaged in church?  Yes  No  Not sure
- Do you believe the applicant is enthusiastic about his/her faith?  Yes  No  Not sure
- Do you know if the applicant is involved in Christian service?  Yes  No  Not sure
- Do you know if applicant is reliable to pay debts and keep word?  Yes  No  Not sure

**Please give additional comments on any of the above questions:** \_\_\_\_\_

**Do you have any doctrinal concerns or warnings you would like to share concerning the applicant?** \_\_\_\_\_

**What can you tell us about the applicant's participation in the local church?** \_\_\_\_\_

Please give your thoughts about the applicant's spiritual development and potential as a believer: \_\_\_\_\_

Are there any issues or needs that might impair the applicant's relationship with others? \_\_\_ Yes \_\_\_ No  
If so, please explain: \_\_\_\_\_

To your knowledge is the applicant free of addictions? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure  
Please explain what you know: \_\_\_\_\_

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?  
If yes, please explain: \_\_\_\_\_

**To your knowledge has the applicant ever been accused of any of the following:**

Child abuse? Yes \_\_\_ No \_\_\_ Crimes involving or against minors? Yes \_\_\_ No \_\_\_

Accusation of sexual molestation of a minor? Yes \_\_\_ No \_\_\_ **If yes to any, please share what you know:**

**Please rate the applicant on each of the following:**

	Excellent	Average	Poor	Unknown
<b>Reliable</b> , dependable, responsible				
<b>Mature</b> , able to cope with life situations				
<b>Emotionally stability</b> , reaction to stress, poise, mood stability				
<b>Motivated</b> , genuine, and committed				
<b>Good judgment</b> , able to analyze and solve problems				
<b>Oral expression</b> , clear, coherent				
<b>Relationship with others</b> , good rapport, cooperative, malleable				
<b>Empathy</b> , sensitivity to the needs of others				
<b>Leadership</b> , creative and decisive, self-confident				
<b>Personal appearance</b> , clean, well groomed				
<b>Integrity</b> , honest, of good moral character				
<b>Work habits</b> , good stamina, polite, conscientious, takes initiative				

**Please include any additional information that might be helpful for us to know about the applicant:**

I, \_\_\_\_\_, make the following recommendation regarding the  
(Print Your Name Above)

admission of \_\_\_\_\_ to the Disciple Makers Multiplied **3D Training Center**:  
(Print Applicant's Name Above)

**(choose only one)** \_\_\_ recommend, \_\_\_ recommend with reservation, \_\_\_ decline to recommend

# 3D Training Center

## Personal Recommendation Form



### Instructions

**For the Applicant:** Ask someone you trust and know well to complete this form. This person must not live with you or be a member of your family. Ask them to mail the completed form directly to the Admissions Office at the following address: **3D Training Center, PO Box 7758, Beaumont, TX 77726**

**For the Personal Reference:** The applicant listed below is applying for admission to the **3D Training Center**, an intensive one-year program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ. Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, **please mail it directly to us; do not return it to the applicant. Thank you.**

### Office use only:

Name of Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

How do you know the applicant? \_\_\_\_\_ How long have you known each other? \_\_\_\_\_ Do you know how long he/she has attended local church? \_\_\_\_\_

How well do you know the applicant? (choose only one): \_\_\_\_\_ Very close/personal relationship  
\_\_\_\_\_ Fairly well/many interactions \_\_\_\_\_ Casually/few personal contacts \_\_\_\_\_ By name and sight only

Additional comments: \_\_\_\_\_

To your knowledge, has the applicant trusted in Christ as Savior?  Yes  No  Not sure

Is the applicant faithful in attending his/her local church?  Yes  No  Not sure

Is the applicant engaged in church?  Yes  No  Not sure

Do you believe the applicant is enthusiastic about his/her faith?  Yes  No  Not sure

Do you know if the applicant is involved in Christian service?  Yes  No  Not sure

Do you know if applicant is reliable to pay debts/is trustworthy?  Yes  No  Not sure

Please give additional comments on any of the above questions: \_\_\_\_\_

If you were asked to describe what the applicant is like, what would you say? \_\_\_\_\_

In your opinion, what are the applicant's strengths? \_\_\_\_\_

Please comment about the applicant's weak points: \_\_\_\_\_

Are there any issues or needs that might impair the applicant's relationship with others?  Yes  No

If so, please explain: \_\_\_\_\_

To your knowledge is the applicant free of addictions? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure

Please explain what you know: \_\_\_\_\_

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?

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

To your knowledge has the applicant ever been accused of any of the following:

Child abuse? Yes \_\_\_ No \_\_\_ Crimes involving or against minors? Yes \_\_\_ No \_\_\_

Accusation of sexual molestation of a minor? Yes \_\_\_ No \_\_\_ If yes to any, please share what you know:

\_\_\_\_\_

Please rate the applicant on each of the following:

	Excellent	Average	Poor	Unknown
<b>Reliable</b> , dependable, responsible				
<b>Mature</b> , able to cope with life situations				
<b>Emotionally stability</b> , reaction to stress, poise, mood stability				
<b>Motivated</b> , genuine, and committed				
<b>Good judgment</b> , able to analyze and solve problems				
<b>Oral expression</b> , clear, coherent				
<b>Relationship with others</b> , good rapport, cooperative, malleable				
<b>Empathy</b> , sensitivity to the needs of others				
<b>Leadership</b> , creative and decisive, self-confident				
<b>Personal appearance</b> , clean, well groomed				
<b>Integrity</b> , honest, of good moral character				
<b>Work habits</b> , good stamina, polite, conscientious, takes initiative				

Do you recommend this applicant for acceptance to the 3D Training Center, a program of Disciple Makers Multiplied? \_\_\_ Yes \_\_\_ No

Please include any additional information you would like to share about the applicant: \_\_\_\_\_

\_\_\_\_\_

Please print the following:

Your Name \_\_\_\_\_ Your Phone \_\_\_\_\_

Your Address \_\_\_\_\_  
Street City State Zip

Name of Church You Attend \_\_\_\_\_ Your Email \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Office use only:

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Last Name First Name Middle Name

**How do you know the applicant?** \_\_\_\_\_ **How long have you**

**known each other?** \_\_\_\_\_ **Do you know how long he/she has attended local church?** \_\_\_\_\_

**How well do you know the applicant?** (choose only one): \_\_\_\_\_ Very close/personal relationship  
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**Additional comments:** \_\_\_\_\_

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**Are there any issues or needs that might impair the applicant's relationship with others?**  Yes  No

If so, please explain: \_\_\_\_\_

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\_\_\_\_\_

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<b>Empathy</b> , sensitivity to the needs of others				
<b>Leadership</b> , creative and decisive, self-confident				
<b>Personal appearance</b> , clean, well groomed				
<b>Integrity</b> , honest, of good moral character				
<b>Work habits</b> , good stamina, polite, conscientious, takes initiative				

Do you recommend this applicant for acceptance to the 3D Training Center, a program of Disciple Makers Multiplied? \_\_\_ Yes \_\_\_ No

Please include any additional information you would like to share about the applicant: \_\_\_\_\_

\_\_\_\_\_

Please print the following:

Your Name \_\_\_\_\_ Your Phone \_\_\_\_\_

Your Address \_\_\_\_\_  
Street City State Zip

Name of Church You Attend \_\_\_\_\_ Your Email \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_