



# 2019 OVERVIEW

**DESTINY SCHOOL of MINISTRY** is a 22-week part time school designed to equip local believers who are students, employed and/or are raising families. This fast-track program provides a deep and solid foundation for effective ministry, while allowing students to maintain family, study and work priorities.

**NEXT SCHOOL DATES:** July 15 – December 9, 2019

**CLASSES:** Our classes will meet two nights a week, on Monday and Tuesday evenings from 6:30 – 9:30pm in Room 114 at Heritage Fellowship in Jefferson City, TN.

**CURRICULUM:** Local and international speakers will teach on personal spiritual formation, having a Biblical worldview, the character and nature of God, intimacy with God, the Fatherheart of God, the Holy Spirit and the gifts of the Spirit, the cross of Christ and salvation, our identity in Christ, the culture of the Kingdom of God, prayer, the importance of the Word and worship, hearing God's voice, integrity, the power of our words, relationships and unity, Kingdom finances, developing your personal mission statement, spiritual warfare, missions, Church history, and sharing your faith.

Worship, prayer and fellowship will be a very important component of our class experience together each week.

**HOMEWORK ASSIGNMENTS:** You can expect an average of 3-5 hours of homework per week, including required reading, written, oral, and group assignments. This course includes hands-on assignments designed to put in to practice what you are learning. Notebooks will be provided to record your assignments.

Gleaning from outstanding authors is a key component to our training. The required reading list includes approximately one book per month, and will be posted on the DSM website by July 1, 2019. ([www.destinyschoolofministry.us](http://www.destinyschoolofministry.us)) The cost of the books is not included in your tuition, and all books will be available for purchase through the school.

**SERVICE:** Students are expected to serve in one or more areas of their local congregation, and we will also provide opportunities for hands-on and practical service applying what is being learned in class. Weekly congregational participation is also expected with your home church.





# 2019 APPLICATION INSTRUCTIONS

**Thank you for your interest in the upcoming Destiny School of Ministry!** We look forward to the possibility of you joining our school. We believe DSM will be life changing as you discover a deeper walk with God and become equipped to walk in your destiny! This course will be led by Greg and Debby Wiley, career missionaries and Missions Pastors at Heritage Fellowship Church.

**DATE:** July 15 - December 9, 2019

**LOCATION:** HERITAGE FELLOWSHIP CHURCH

**TUITION:** \$795.00

Please complete the application by answering each question honestly and completely. If a question does not apply to you, write N/A in the blank space provided for your answer. Husbands and wives both enrolling as students must complete separate applications. In order for us to process your application, we must receive ALL of the following items, so please make note of the required elements. Your application will be processed only when all items are received:

- 1) **APPLICATION FORM:** Complete and sign the attached application. Include a separate page for answering questions 1-7.
- 2) **PHOTOGRAPHS:** Include two recent passport size photographs with your application.
- 3) **\$45 NON-REFUNDABLE APPLICATION FEE:** If you are accepted for DSM, this fee will be applied to your tuition.
- 4) **TWO COMPLETED REFERENCE FORMS:**
  - One by your pastor
  - One by a friend who's known you for at least 2 years (not a family member)

Ask each one to complete and return a reference form directly to DSM. Supply a stamped and pre-addressed envelope with each form. All references are strictly confidential.

**PLEASE RETURN THIS COMPLETED APPLICATION BY JULY 1, 2019 TO:**

## DESTINY SCHOOL OF MINISTRY

Greg and Debby Wiley, Directors  
Heritage Fellowship  
P.O. Box 130  
Jefferson City, TN 37760

**CHURCH OFFICE:** (865)471-0700

**DSM DIRECTORS:** (423)736-1712 / (423)736-1714

**E-MAIL:** [dsm@heritagefellowship.us](mailto:dsm@heritagefellowship.us)

**WEBSITE:** [www.destinyschoolofministry.us](http://www.destinyschoolofministry.us)





# 2019 APPLICATION

START DATE OF SCHOOL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

MARITAL STATUS: \_\_\_\_\_

NAME OF SPOUSE (if married): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**ATTACH  
PHOTOS  
HERE**

**EMERGENCY INFORMATION:**

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ARE YOU UNDER A DOCTOR'S CARE? \_\_\_\_ IF SO, INDICATE REASON: \_\_\_\_\_

LIST ANY SPECIAL HEALTH CONDITIONS, PHYSICAL PROBLEMS OR LIMITATIONS: \_\_\_\_\_

**HOME CHURCH INFORMATION: NAME OF CHURCH:** \_\_\_\_\_

**AFFILIATION OF CHURCH / DENOMINATION:** \_\_\_\_\_ **PASTOR:** \_\_\_\_\_

**CHURCH CONTACT DETAILS (address, e-mail, phone):** \_\_\_\_\_

\_\_\_\_\_

**MINISTRY TRAINING: (INCLUDE DATES & LOCATIONS)**

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION: LIST ALL EDUCATIONAL/PROFESSIONAL TRAINING YOU HAVE HAD:**

\_\_\_\_\_

\_\_\_\_\_

**CURRENT EMPLOYER: (NAME AND PHONE)** \_\_\_\_\_

**PERSONAL HISTORY:** Prayerfully answer the following questions on a separate sheet of paper. Please refrain from asking others to help you with your answers.

1. Describe your salvation experience and personal growth in knowing Jesus Christ.
2. Why do you want to attend DSM and how do you plan to use what you learn during the school?
3. Describe your spiritual and/or ministry goals/vision.
4. What most influenced your decision to apply for this course?
5. Do you know what your spiritual gifts are? If so, please list them.
6. Describe how you have been involved with your local church. Include details of ministries you have been involved in – length of involvement and any leadership experience.
7. Describe your relationship with your family. How does your family feel about your participation with the DSM training program?

**REFERENCES:** Please provide the following information on your two personal references and make sure you pass on the reference forms to those concerned with a stamped, pre-addressed envelope:

**PASTOR'S REFERENCE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**FRIEND'S REFERENCE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RESPONSIBILITY:**

I understand that payment of the required school tuition fees must be made according to the payment schedule, unless otherwise approved in writing by the School Director prior to the beginning of the course.

If I am accepted into DSM, I will abide by the spirit, rules and schedule of the school.

**APPLICANT'S NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**WEBSITE:** [www.destinyschoolofministry.us](http://www.destinyschoolofministry.us)



# 2019 PASTOR'S REFERENCE

**NAME OF APPLICANT:** \_\_\_\_\_

The above named person has applied for the **DESTINY SCHOOL OF MINISTRY** hosted by Heritage Fellowship Church in Jefferson City, Tennessee, to be held from July 15- December 10, 2019. This course will be led by the founders of DSM, Greg and Debby Wiley, career missionaries and Missions Pastors at Heritage.

We request your cooperation by completing this reference form and returning it directly to us. Please be frank and honest in your responses. This form will be held in strict confidentiality, and under no circumstances will it be shown to the applicant. Please return this form to us **within one week**, as the applicant will not be considered for the school until all forms are submitted. If you have any further questions, please contact us by phone or email using the contact information below. Thank you for your cooperation! More information about DSM is available at <http://www.destinyschoolofministry.us>.

**YOUR NAME:** \_\_\_\_\_

**CHURCH AFFILIATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE/EMAIL:** \_\_\_\_\_

**HOW LONG HAVE YOU KNOWN THE APPLICANT?** \_\_\_\_\_

**HOW WELL DO YOU KNOW THE APPLICANT? (Check one)**

- VERY WELL       WELL       AVERAGE       NOT VERY WELL       OTHER

**PLEASE EXPLAIN** \_\_\_\_\_

**WERE YOU ALREADY AWARE OF THE APPLICANT'S DESIRE TO ATTEND THIS COURSE?**  YES  NO

**AS FAR AS YOU KNOW, IS THE FAMILY OF THE APPLICANT IN AGREEMENT WITH THEIR ATTENDANCE IN THIS COURSE?**  YES  NO

**PLEASE EXPLAIN:** \_\_\_\_\_

**HAVE YOU OBSERVED THE APPLICANT IN CHRISTIAN SERVICE?**  YES  NO

**PLEASE EXPLAIN:** \_\_\_\_\_

**WHAT STRENGTHS/GIFTS/SKILLS DO YOU SEE IN THE APPLICANT'S LIFE?**

\_\_\_\_\_

DOES THE APPLICANT EXHIBIT LEADERSHIP POTENTIAL?  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

DO YOU FEEL THIS COURSE WOULD BE BENEFICIAL TO THE APPLICANT?  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE CONCERNS IN ANY OF THE FOLLOWING AREAS REGARDING THE APPLICANT?

PHYSICAL/HEALTH

MENTAL/EMOTIONAL STABILITY

APPROPRIATE SOCIAL SKILLS

OCCULT INVOLVEMENT

FAMILY/MARRIAGE PROBLEMS

ACCOUNTABILITY ISSUES

SUBSTANCE ABUSE/ADDICTIONS

MORAL/CHARACTER ISSUES

OTHER PERSONAL ISSUES (PLEASE EXPLAIN): \_\_\_\_\_

IS THERE ANYTHING ELSE WE NEED TO BE AWARE OF AS WE CONSIDER THIS APPLICANT?

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

WOULD YOU RECOMMEND THE APPLICANT FOR THIS COURSE?  YES  NO

YOUR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM WITHIN ONE WEEK TO:**

## **DESTINY SCHOOL OF MINISTRY**

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# 2019 FRIEND'S REFERENCE

**NAME OF APPLICANT:** \_\_\_\_\_

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**YOUR NAME:** \_\_\_\_\_

**CHURCH AFFILIATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE/EMAIL:** \_\_\_\_\_

**HOW LONG HAVE YOU KNOWN THE APPLICANT?** \_\_\_\_\_

**HOW WELL DO YOU KNOW THE APPLICANT? (Check one)**

- VERY WELL       WELL       AVERAGE       NOT VERY WELL       OTHER

**PLEASE EXPLAIN:** \_\_\_\_\_

**WERE YOU ALREADY AWARE OF THE APPLICANT'S DESIRE TO ATTEND THIS COURSE?**  YES     NO

**AS FAR AS YOU KNOW, IS THE FAMILY OF THE APPLICANT IN AGREEMENT WITH THEIR ATTENDANCE IN THIS COURSE?**  YES     NO

**PLEASE EXPLAIN:** \_\_\_\_\_

**HAVE YOU OBSERVED THE APPLICANT IN CHRISTIAN SERVICE?**  YES       NO

**PLEASE EXPLAIN:** \_\_\_\_\_

**WHAT STRENGTHS/GIFTS/SKILLS DO YOU SEE IN THE APPLICANT'S LIFE?**

\_\_\_\_\_

DOES THE APPLICANT EXHIBIT LEADERSHIP POTENTIAL?  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

DO YOU FEEL THIS COURSE WOULD BE BENEFICIAL TO THE APPLICANT?  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE CONCERNS IN ANY OF THE FOLLOWING AREAS REGARDING THE APPLICANT?

PHYSICAL/HEALTH

MENTAL/EMOTIONAL STABILITY

APPROPRIATE SOCIAL SKILLS

OCCULT INVOLVEMENT

FAMILY/MARRIAGE PROBLEMS

ACCOUNTABILITY ISSUES

SUBSTANCE ABUSE/ADDICTIONS

MORAL/CHARACTER ISSUES

OTHER PERSONAL ISSUES (PLEASE EXPLAIN): \_\_\_\_\_

IS THERE ANYTHING ELSE WE NEED TO BE AWARE OF AS WE CONSIDER THIS APPLICANT?

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

WOULD YOU RECOMMEND THE APPLICANT FOR THIS COURSE?  YES  NO

YOUR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM WITHIN ONE WEEK TO:**

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# 2019 FINANCIAL INFO

We have endeavored to offer a quality program while keeping the tuition affordable for our student body. As God confirms your participation in Destiny School of Ministry, we look forward to hearing the testimonies of how He provides for you!

<b>Tuition .....</b>	<b>\$795.00</b>
<b>Payment schedule:</b>	
Non-refundable application fee.....	\$45.00
Due July 15, 2019 .....	\$250.00
Due August 5, 2019 .....	\$100.00
Due Sept 3, 2019 .....	\$100.00
Due Oct 9, 2019 .....	\$100.00
Due Nov 4, 2019 .....	\$100.00
Due December 2, 2019 .....	\$100.00
<b>TOTAL .....</b>	<b>\$795.00</b>

**DISCOUNTS:** A \$75.00 discount is offered to students who pay tuition in full by July 15, 2019. Multiple family member discounts are also available upon request.

**TUITION:** Covers application fee, and all course materials. Tuition **does not** cover required reading books, local transportation, accommodation, meals, or child-care.

**PAYMENTS:** Make checks payable to DSM.

**CHILD-CARE:** Child-care will be organized on an as-needed basis. Parents will be responsible for sharing the costs.

**ACCREDITATION:** Destiny School of Ministry is **not** accredited with the State of Tennessee; therefore, students are not eligible for financial aid, student loans, or grants.

**WITHDRAWAL POLICY:** In event of early withdrawal, students will be responsible for tuition due at the first of the month of his/her withdrawal.

If full tuition has been paid in advance, students withdrawing may receive a partial refund as described above.

