



2023 OVERVIEW

DESTINY SCHOOL OF MINISTRY

is a 20-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: February 13 – June 27, 2023

CLASSES: Our classes will meet two nights a week, on Monday and Thursday evenings from 6:30 – 9:30pm. Mondays will be held at Heritage in Room 114 and Thursday evenings will be 'hybrid' - held either at the church or online. Schedule to be announced.

CURRICULUM: Local and national speakers will teach on personal spiritual formation, Biblical-Kingdom 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, prayer, the Word, worship, hearing God's voice, integrity, 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 into practice what you are learning.

Gleaning from outstanding authors is a key component to our training. The required reading list includes several titles that will be posted on the DSM website by January 8th. (www.destinyschoolofministry.us) The cost of the books is not included in your tuition, and all books will be available for purchase or loan through the school.

SERVICE: Weekly congregational participation and serving at your local church is expected.



2023

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: February 13 – June 27, 2023

LOCATION: HERITAGE FELLOWSHIP CHURCH

TUITION: \$595.00

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 FEBRUARY 1, 2023 TO:

DESTINY SCHOOL OF MINISTRY

Heritage Fellowship
P.O. Box 130
Jefferson City, TN 37760

TEL: 423-736-1712 / 423-736-1714

E-MAIL: gwiley@heritagefellowship.us

WEBSITE: www.destinyschoolofministry.us



2023 APPLICATION

START DATE OF SCHOOL: _____

LAST NAME: _____ FIRST NAME: _____

GENDER: _____ AGE: _____ DATE OF BIRTH: ____/____/____

MARITAL STATUS: _____

NAME OF SPOUSE (if married): _____

ADDRESS: _____

CITY / STATE / ZIPCODE: _____

PHONE: _____ E-MAIL: _____

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) _____

ATTACH
PHOTOS
HERE

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

FRIEND'S REFERENCE (not a family member)

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

E-MAIL: _____ **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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PASTOR'S REFERENCE

NAME OF APPLICANT: _____

The above named person has applied for **DESTINY SCHOOL OF MINISTRY** hosted by Heritage Fellowship Church in Jefferson City, Tennessee, to be held from February 13 – June 27, 2023. 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: _____ YOUR TITLE: _____

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?

- | | |
|---|---|
| <input type="checkbox"/> PHYSICAL/HEALTH | <input type="checkbox"/> MENTAL/EMOTIONAL STABILITY |
| <input type="checkbox"/> APPROPRIATE SOCIAL SKILLS | <input type="checkbox"/> OCCULT INVOLVEMENT |
| <input type="checkbox"/> FAMILY/MARRIAGE PROBLEMS | <input type="checkbox"/> ACCOUNTABILITY ISSUES |
| <input type="checkbox"/> SUBSTANCE ABUSE/ADDICTIONS | <input type="checkbox"/> MORAL/CHARACTER ISSUES |
| <input type="checkbox"/> 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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P.O. Box 130
Jefferson City, TN 37760

TEL: 423-736-1712 / 423-736-1714

E-MAIL: gwiley@heritagefellowship.us

WEBSITE: www.destinyschoolofministry.us



2023

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?

- | | |
|---|---|
| <input type="checkbox"/> PHYSICAL/HEALTH | <input type="checkbox"/> MENTAL/EMOTIONAL STABILITY |
| <input type="checkbox"/> APPROPRIATE SOCIAL SKILLS | <input type="checkbox"/> OCCULT INVOLVEMENT |
| <input type="checkbox"/> FAMILY/MARRIAGE PROBLEMS | <input type="checkbox"/> ACCOUNTABILITY ISSUES |
| <input type="checkbox"/> SUBSTANCE ABUSE/ADDICTIONS | <input type="checkbox"/> MORAL/CHARACTER ISSUES |
| <input type="checkbox"/> 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: ____/____/____

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2023 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!

Tuition	\$595.00
Payment schedule:	
Non-refundable application fee	\$45.00
Due February 13, 2023	\$250.00
Due March 13, 2023	\$100.00
Due April 13, 2023	\$100.00
Due May 13, 2023	\$100.00
TOTAL	\$595.00

DISCOUNTS: A \$75.00 discount is offered to students who pay tuition in full by February 13, 2023. 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 thirteenth 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.