

Grassroots

SCHOOL OF DISCIPLESHIP

Portlaoise, Ireland

INTRODUCTION

A “Grassroots Movement” by definition is birthed by ordinary people within the society they live. It is about real people making a difference. These are the very same kind of people that Jesus chose to be His disciples and in time, to launch the Church. They turned the world upside down.

Grassroots School of Discipleship is about getting to the basics of our faith, and strengthening what is weak in order that we may build on a solid foundation. God’s strength at work in our weakness. The school is a unique opportunity to go deeper. It is six months in an individual’s life dedicated to letting God do whatever He wills.

The Vision

The Vision of Grassroots School of Discipleship is to see the life of God come forth within individuals in spontaneous and new expressions erupted from fresh relationship with God to reach the needy in this world with the same hope that we have found.

Focus

At Grassroots School of Discipleship we will use a relational discipleship approach to focus on two primary aspects:

1. Understanding Your Identity
2. Fulfilling Your Destiny

COURSE CONTENT

The School of Discipleship is divided into two phases:

A three-month training phase followed by a two month outreach phase.

Phase 1 | Drawing Close - Training

The first three months of the school include the following:

Classroom Curriculum

You will receive in-depth teaching on topics such as:

- * Hearing God’s Voice
- * God’s Mission through the Ages
- * Character and Nature of God
- * Relationships
- * Understanding Spiritual Gifts
- * Evangelism and World Missions
- * The Kingdom of God

Ministry Opportunities

You may be given the opportunity to be involved in a variety of ministry opportunities during this phase of the school, such as working with children or teenagers, music ministry, administrative work, local outreaches, etc.

Small groups

You may be involved in a small group within the community or within the school.

Personal Devotions

There will be time each day set aside for you to spend alone with God which will strengthen and increase your spiritual growth.

Required Readings

There will be a selection of books to read which are meant to complement what is being taught during the training phase.

Daily Schedule

An average day during the training phase:

9:00am	Personal Devotions
10:00	Break
10:30	Teaching
12:30pm	Lunch
2:00	Teaching
3:30	Break
4:00	Study

Evenings are often free to study and relax, but there will be some ministry, meetings and functions throughout the week.

Phase 2 | The Living Thesis - Outreach

The second two months of the school will include:

Travel

As God leads we will plan ministry trips throughout Ireland and perhaps out of the country, but where we travel may change from year to year depending on the number of students, and the opportunities that become available.

Writing Assignments

There will be a number of written assignments that will be required to be completed on topics such as Missional Church, God's Kingdom, Summary of your experience at the school, etc...

Continuing Ministry in Portlaoise

There will be continuing opportunities to minister in Portlaoise, the surrounding area, and in the local church, Portlaoise Family Worship Centre.

Immigration

Every student will need a valid passport. Grassroots School of Discipleship does not take any responsibility for a student's immigration status. The procurement of the appropriate visa / permit is the individual students' responsibility. To help, however we can point you in the right direction. If you are not an Irish citizen and planning to attend the school you will need to assess whether or not you need a visa to attend.

Application

Application must be filled in completely and approved before attending the school.

There is a small non-refundable application processing fee of €15 (\$20 US).

FINANCIAL INFORMATION

Policy

Grassroots School of Discipleship is a faith-based program that recognises that God often uses finances as a way to stretch and grow our faith as we seek to get involved in His work.

We recognise that for many taking the step to be a part of this program will require a step of faith. It is important that we put our trust in God and believe He will provide for all of our daily needs, including tuition fees and outreach costs.

God can use all sorts of ways to provide and we encourage people to not rule out sharing with friends and family members about your desire to be part of this program. We also encourage prayer!

The following are some Scriptures that may encourage you regarding Faith and Finances:

Luke 8:1-3
Matt. 10:5-10
2 Cor. 8:9
Phil. 4:15
3 John 5-7
1 Kings 17:8-16

Anticipated Costs

We desire to keep costs as low as possible. We have listed below a simple financial breakdown:

The day to day costs for attending the "School of Discipleship" will include a small fee for books and materials needed for the study aspects of the course.

Students will also need to pay for all living costs:

(room / food / transportation expenses) which are estimated at around *€550 per month. Monthly estimate does not include flights to and from Ireland and costs for ministry trip in Phase 2 of the program.

** We are pursuing ways to reduce the "cost of living" expenses depending on the number of students that attend the school.*



National Enterprise Park, Unit A11
Portlaoise, County Laois
Ireland

website | www.grassrootsdiscipleship.com
phone/fax | (00353)57.86.88460
email | contact@grassrootsdiscipleship.com

Please attach
wallet-size
photo here.

APPLICATION

SECTION A - Personal Information

(Please print or type) Please be sure to include non-refundable registration fee.

Name _____ Phone _____
Last First Middle

Present Address _____
Street City State/County zip/postcode Country

Email _____ Gender _____ Date of Birth ____/____/____ Age ____
DD MM YY

Marital Status: Single Engaged Married Separated Divorced

Emergency Contact _____
Name Relationship Phone #

Address _____
Street City State/County Zip Country

Social Security # or PPS # _____

SECTION B - Family Information

Father's Name _____ Phone _____

Address (if different than above) _____
Street City State/County zip/postcode Country

Accepted Christ: Yes No Father's Occupation _____

Mother's Name _____ Phone _____

Address (if different than above) _____
Street City State/County zip/postcode Country

Accepted Christ: Yes No Mother's Occupation _____

SECTION C - Church Information

Home Church _____ How long have you attended? _____

Church Address _____ Church denomination _____

Pastor's Name _____ Church phone _____

SECTION D - Passport / Visa Information

Country of Citizenship _____ Name on Passport _____

City and country where Passport was issued _____ Passport # _____

Passport Expiry date _____ Visa Type _____ Date Visa Issued _____

City and country where Visa was issued _____ Visa # _____

SECTION E - Education/Employment/Skills

Highest level of education completed _____

Post secondary level school(s) attended _____ Major _____

What languages do you speak? most fluent to least fluent 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Military Service? Yes No (specify) _____

Present Employer _____ Occupation _____

Other Occupational Skills _____ Years Experience _____

Musical Abilities / Other Talents _____

What are your plans after completing this school of discipleship?

Full-time missions Teaching Return to job Work with home church
 Refugee Work Further Education Uncertain Other _____

SECTION F - Financial Information

Do you have the total expenses for attending school? Yes No If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, explain _____

Will your debt be paid off by the start of this school? Yes No

If not, how will you make payments? _____

SECTION G - Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

- A. Describe your experience of becoming a Christian and your present relationship with the Lord.
- B. Describe other significant spiritual experiences you have had in your walk with the Lord.
- C. How would you describe your relationship with your family? Include how they feel about your plans to attend this program. Please relate pertinent details of any past marriages or present marital separation.
- D. Describe your relationship with your local church. Include areas of service and leadership. Are they supportive of you attending this school?
- E. Are you presently employed or in school? Please specify.
- F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
- G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
- H. Have you ever been involved in a felonious crime, drug or alcohol abuse? Explain.
- I. What areas of your character are you presently seeking God to further develop and improve?
- J. How did you hear about this School of Discipleship? Why do you desire to attend this program?
- K. Please list any special circumstances or situations we should know about.

I certify that all information in this application is complete and accurate. If accepted, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are Grassroots' property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Grassroots, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at Grassroots. I therefore commit myself to paying all personal expenses incurred during my involvement with Grassroots School of Discipleship.

Signature _____ Date _____

CONFIDENTIAL HEALTH FORM

Name _____

In an emergency, contact _____ Phone _____

Medical Insurance Co. _____

Insurance # _____ Medical Insurance Co. Phone _____

PERSONAL HISTORY

Please answer all questions. Explain any "Yes" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE ANY OF THE FOLLOWING?

	Yes	No		Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Food (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

Other/Explain _____

Are you now under doctor's care for any condition? Yes No (specify) _____

Are you taking any medication at this time? Yes No (specify) _____

Do you have any physical handicaps or health conditions which require special attention? Yes No (specify) _____

Do you have a history of receiving counseling or psychiatric treatment? Yes No (specify) _____

Height _____ Weight _____ Blood Type _____

Would you rate your health condition as: Excellent Good Fair Poor

FAMILY HISTORY

Have any of your relatives ever had any of the following?

Yes	No	Relationship	Yes	No	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions, epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Cancer

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Malaria
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Have you been VACCINATED for:

<input type="checkbox"/>	<input type="checkbox"/>	DPT	<input type="checkbox"/>	<input type="checkbox"/>	Heppatitis	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	Measles/Mumps/Rubella
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	Flu	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

TO THE PHYSICIAN

Name of Applicant _____

The above-named person has applied for service with Grassroots School of Discipleship. This program requires good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below, and make any additional comments.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 3-4 miles per day? Yes No

Comments _____

PHYSICIAN RECOMMENDATION

Acceptable Not acceptable Should remain in areas with adequate medical care

Acceptable with limitations (specify) _____

Physician's Signature _____ Date _____

Physician's Name (printed) _____

Full Address _____

CONSENT FOR TREATMENT

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Relationship to applicant

LIABILITY RELEASE

I/we hereby release Grassroots School of Discipleship, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Grassroots School of Discipleship. I/we agree to resolve any and all disputes with Grassroots School of Discipleship, GSD Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. In case of accidental death, Grassroots School of Discipleship cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____ to travel outside of Ireland with Grassroots School of Discipleship. (Name of Minor)

Signature of parent/guardian

Date

GREETINGS FROM



Dear Pastor / Leader,

With an abundance of teaching and opportunities available to us today, you would expect that we would be farther along in taking the gospel to the “ends of the earth” than we are. Our minds are full, but are our hearts really changed? Do we know God as well as we claim?

The foundation of many Christians’ understanding of God is often full of cracks. There will always be the need to grow in God, but many times we doubt God and struggle in our faith more than we should. Grassroots School of Discipleship is about getting to the basics of our faith, and strengthening what is weak in order that we may build on a solid foundation. God’s strength at work in our weakness.

A “Grassroots Movement” by definition is birthed by ordinary people within the society they live. It is about real people making a difference. These are the very same kind of people that Jesus chose to be His disciples and in time to launch the Church. They turned the world upside down.

At Grassroots School of Discipleship we will use a relational discipleship approach to focus on two primary aspects: Identity & Destiny. We seek to allow the Holy Spirit to work and guide as we aim to create an environment for practical application in the local Church and Outreach.

Grassroots School of Discipleship is a unique opportunity to go deeper. Six months in an individual’s life dedicated to letting God do whatever He wills.

This school is not better than others, but necessary for some. The things taught have come from the most important “life lessons” we have learned and continue to learn as followers of Christ. Instead of “well-rounding” an individual, we focus on few issues and try to nail them home.

If Grassroots School of Discipleship can be part of releasing someone to go deeper with God, then we will have fulfilled our mandate. Our heart is to be part of a fresh wave of change that is already happening around the world. It has been for thousands of years and we long to play our part.

Please feel free to contact me if you have any questions with regards to the School or the recommendation form. I would love to hear from you.

In Christ,

A handwritten signature in black ink that reads 'James Krechnyak'. The signature is written in a cursive, flowing style.

James Krechnyak
Senior Leader

Pastoral Reference Form

First name: _____ Last Name: _____

The person named above is applying for admission to Grassroots School of Discipleship and is asking you to provide a reference. Serious consideration is given to this reference, so your comments are important.

This Section to be Completed by Pastor/Minister

How long have you known the applicant? _____ How long has the applicant attended your church? _____

Would you recommend the applicant for a leadership position in your own church? _____

Does the applicant know Christ as their Lord and Saviour? Yes No

How well do you know the applicant? Very Well Well Casually Just by name Have had a few personal contacts
 Fairly well Close Pastoral relationship

Does the applicant's life reflect a commitment to Christ? Yes No

Does the applicant live by Biblical moral standards? Yes No

How would you rate the applicant in the following:

Leadership: Outstanding Above average Average Below Average

Responsibility: Outstanding Above average Average Below Average

Loyalty to Church: Outstanding Above average Average Below Average

What type of involvement has the applicant had in your church? _____

Comment on performance: _____

To what extent is the applicant engaged in activities in your church?

Irregular in attendance and shows little interest Regularly attends but seldom participates in activities
 Regularly attends and is co-operative and willing to help

What are the applicant's strong points? _____

What are the applicant's weak points? _____

Have there been any moral failings within the last twelve months that you are aware of?

Yes No If yes, please explain: _____

Does the applicant, to your knowledge, have any medical, emotional, moral or psychological conditions? Yes No

Would any of the above hinder him or her from studying at Grassroots School of Discipleship? Yes No

If from overseas, how do you think the applicant will adjust to the Irish Culture? _____

Grassroots School of Discipleship expects a high level of commitment. In your opinion, does the applicant possess the ability and willingness to cope with the pressures that these expectations may place upon them?

Please tick the appropriate statement:

I expect the applicant to be an outstanding student. I expect the applicant to be above average.

I expect the applicant to perform satisfactorily. I feel there is some doubt as to the applicant performing satisfactorily.

Any other pertinent comments: _____

Please tick the appropriate statement

I recommend the applicant enthusiastically. I recommend the applicant with confidence.

I recommend the applicant with reservation. Please specify: _____

I do not recommend the applicant. Please specify: _____

Your Name: _____ Church: _____

Position: _____ Church Address: _____

Telephone: Home: (____) _____ Email: _____

If not Senior Pastor/Minister, I am authorised by Senior Pastor to complete this form. I am over 18 years old

Signature: _____ Date: ____/____/____ (dd/mm/yy)

Upon completion, please seal and mail this reference to:

Grassroots School of Discipleship, National Enterprise Park. Unit A11, Portlaoise, County Laois, Ireland

CONFIDENTIAL REFERENCE FORM

TO THE APPLICANT

This evaluation is confidential and will not be shown to you. Please do not use a family member as a reference. Give this form to the person filing the reference along with a stamped envelope addressed to: Grassroots School of Discipleship • National Enterprise Park • Portlaoise, County Laois • Ireland

Name of Applicant _____ Phone _____

Address _____ Town/City _____

County/State _____ Country _____ Starting date of Program _____

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in Grassroots School of Discipleship, an interdenominational Christian missions and discipleship training school. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Friend Other _____

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

Comments _____

Mental ability Quick to comprehend Average Slow

Industry Hard worker Average Lacks persistence

Reliability Meets obligations Average Neglects obligations

Teamwork Works well with others Average Often causes friction

Flexibility Open to change Average Unyielding

Christian character Well-balanced Average Unstable

Disposition Cheerful Average Passive

Punctuality Punctual Average Often late

Financial responsibility Honors obligations Average Neglectful

continued on next page...

1. Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and growing Over-emotional Superficial

Comments _____

2. With reference to his/her Christian service, is he/she Dedicated Average Casual

Comments _____

3. Does he/she display high moral standards? Yes No Explain _____

4. What do you feel are the applicant's motives in applying to this program?

Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel Other (Specify) _____

5. Please comment on the applicant's family background. _____

6. What do you consider to be the applicant's strong points? (include special abilities) _____

7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, etc.) _____

8. What could Grassroots School of Discipleship do to aid in the applicant's personal development? _____

9. Would you recommend the applicant for acceptance to this program?

Yes With some reservations (Explain) No (Explain) _____

Signature _____

Date _____

Name (please print) _____

Phone _____

Address _____

City/Town _____

State/County _____

Country _____



Please return form to:

GRASSROOTS SCHOOL OF DISCIPLESHIP * NATIONAL ENTERPRISE PARK, UNIT A11
PORTLAOISE, COUNTY LAOIS * IRELAND

TEL/FAX | (00353)57.86.88460 EMAIL | contact@grassrootsdiscipleship.com WEB | www.grassrootsdiscipleship.com