



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Full Name: _____

Preferred Name (If any): _____

Age: _____ Birthdate (MM/DD/YYYY): _____/_____/_____

Place of Birth: _____

Phone: _____ Email: _____

<p>Please include a 2"x2" headshot of yourself in this space.</p>	<p>Send your completed application via email: dean@cromwellchristian.com or mail to: 1605 Cromwell Bridge Rd, Baltimore, MD 21234</p> <p>For more questions, contact us at 443 452 3082</p>
---	---

CROMWELL CHRISTIAN EQUIPPING CENTER APPLICATION PACKET CHECKLIST

- Student Application Complete (must be completed online)
 - Include a headshot
 - Fill each section
 - Sign and date
 - Send us via email at dean@cromwellchristian.com, by mail, or in person (*see the address above*)

- Pastor's Reference Complete
 - Submitted to your pastor
 - The pastor should send the reference directly to: dean@cromwellchristian.com

- Application fee paid – \$35 (Non-refundable)
 - To pay online, visit www.cromwellchristian.com and hover over "About". Click "Tuition & Fees" and follow the instructions.
 - To pay by check, make checks payable to Rock City Church, with "Cromwell App Fee" and your name on the memo line. Submit the check to our finance office or by mail.
 - Notify us at dean@cromwellchristian.com to confirm the payment has been received.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

DEAR PROSPECTIVE STUDENT,

Thank you for your interest in Cromwell Christian Equipping Center (CCEC). This school has a rich history and legacy of raising men and women to be effective warriors in the Kingdom of God, committed to their purpose, and equipped to advance the Kingdom as part of the local body of Christ. CCEC and its affiliated church, Rock City Church, is recognized as a 501(c)(3) nonprofit organization. We operate exclusively for religious and educational purposes, and all funds support our mission and ministry.

Please use the checklist on page one to make sure you thoroughly complete the application packet.

If you need additional space to answer any long-response questions, you may download the supplemental response page using the link provided [here](#). The same download link is also available on pages 3 & 10.

Please identify your answer in the additional space by the section letter and question number.

The application will not be reviewed until our office has received a completed Student Application, including the student's photo, the Pastor's Reference, and the \$35 nonrefundable application fee.

Once the application is fully submitted, we will review the application. You may or may not have an interview. You will receive your acceptance or rejection letter within 4 weeks of submitting the application.

Please contact us if you have any questions!

Sincerely,
Jessica Kilmartin, Dean
Cromwell Christian Equipping Center
1605 Cromwell Bridge Road
Baltimore, MD 21234
443 452 3082
dean@cromwellchristian.com

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

A. PERSONAL INFORMATION

Your name must match your passport; if you generally go by a different name, you can include that under "Preferred Name."

1) First/Given Name: _____

Middle Name: _____

Last Name: _____

Preferred Name (if any): _____

2) Age: _____ Birthdate (MM/DD/YYYY): _____ / _____ / _____

3) Place of Birth: _____

4) Address: _____

Street address

Apartment/Unit

City/State

Zip Code

Country

Passport # & Exp. Date

Social Security #

5) Country of Citizenship: _____

If you are currently residing in the United States but are not a U.S. citizen, please specify your current immigration status:

6) Phone: _____ Email: _____

7) Biological gender at birth: Biological Male Biological Female

8) Marital Status: Single Engaged Married Widowed Divorced Separated
(If divorced or separated, attach a brief statement using the provided paper. Download the paper [here](#))

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

9) If engaged, explain plans for the future:

To help students remain focused on their spiritual growth and academic studies, CBS does not permit dating relationships during enrollment.

10) If married, spouse's name: _____

11) Spouse's Occupation: _____

12) Anniversary: _____

13) Number of Children: _____

14) Ages of Children: _____

15) Have you ever been divorced? Yes No

16) Has your spouse ever been divorced? Yes No

17) Explain your responsibilities to your family while you are in school:

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

B. PARENT/GUARDIAN INFORMATION

1) Father's Name: _____

Address: _____

Phone: _____

Occupation: _____

Check if deceased

Email: _____

2) Mother's Name: _____

Address: _____

Phone: _____

Occupation: _____

Check if deceased

Email: _____

C. HEALTH INFORMATION

1) Health insurance provider: _____

Group/Member ID: _____

Named insured: _____

2) Name of your physician: _____ Phone # _____

Please attach your current immunization record

3) Do you have any allergies to food, medication, or other? Yes No

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

If yes, please specify and describe reactions when exposed, and treatment methods:

4) Do you have any of the following: physical limitations, disabilities, communicable diseases, mental or emotional disorders? Yes No

If so, please describe:

5) Have you ever been under psychiatric care? Yes No

If so, please describe:

Regarding Question 5 above: Please provide your physician's name, address, and phone number.

6) Check the box if you have used any of the following; if not, choose none:

Tobacco Narcotics Alcohol Vape None

If so, please explain.

Frequency of past use (e.g., occasional, regular, one time):

Date of last use (DD/MM/YYYY): _____/_____/_____

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

D. EMERGENCY CONTACT

1) Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to you: _____

Person authorized to make emergency medical decisions on my behalf

2) Name: _____

Phone: _____ Email: _____

Relationship to you: _____

3) If the above-named person cannot be reached, Rock City Church, CCEC, and their representatives have my permission to administer first aid and/or approve emergency medical treatment for me if necessary.

Yes No

If yes, sign here _____

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

E. HOME CHURCH INFORMATION

1) Home Church Name: _____

Church Phone Number: _____

Church Mailing Address: _____

Church Email Address: _____

2) Are you a member of this church? Yes No

How long have you been a member of this church? _____

3) Pastor's First & Last Name: _____

Pastor's Cell Phone Number: _____

F. PERSONAL & MINISTRY EXPERIENCE

1) When did you receive Christ as your Savior? _____

2) Have you been water baptized? Yes No

If yes, when? _____

3) Have you been Holy Spirit baptized? Yes No

If yes, when? _____

4) Do you actively serve in ministry? Yes No

Years of ministry experience: _____

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

5) In which ministries have you been involved in at your church?

Preaching Youth Ministry Children's Ministry Missionary Work Small Group Ministry

Evangelism Media Arts Ministry Audio/Visual Ministry Worship Leading / Choir

Musical Instruments: _____

Other Ministry: _____

G. EDUCATION HISTORY

1) Name of school: _____

Address: _____

Years completed: _____ Degree or certification earned: _____

Date of completion (or reason for not completing):

2) Please list additional schools you have attended, and degrees you have earned in the spaces provided below.

Academic Institution	Location	Dates Attended	Degree Earned

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

H. EMPLOYMENT HISTORY

Please include your work history over at least the past 3 years. You may download a separate paper if needed. Begin with your current, or most recent, employer. (Download additional paper [here](#))

Employer 1:

1) Position: _____

Address: _____

Dates of employment: _____

Office Phone Number: _____ Email: _____

Briefly describe your duties:

If you no longer work here, why not?

Employer 2:

2) Position: _____

Address: _____

Dates of employment: _____

Office Phone Number: _____ Email: _____

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

Briefly describe your duties:

If you no longer work here, why not?

I. FINANCIAL INFORMATION

1) What is your anticipated source of income while at Cromwell Bible School (CBS)?

2) What is your current monthly income?

3) Do you have financial debt? If yes, what are your monthly payments on that debt?

4) Other than financial debt, do you have financial obligations that you will be responsible for while attending CBS? Including but not limited to; insurances, rent, child support, utilities, medical bills, etc.

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

5) Do you own a business as a sole proprietor or CEO? Yes No

If yes, what is your plan for that business while you attend CBS?

6) Does your business have debts and or financial responsibilities? Yes No

If yes, what are your monthly payments toward those debts and/or financial responsibilities?

Note: If you co-own or manage the business with others, you can skip this question.

7) The tuition cost for CBS is \$3,500 per year plus room and board. How do you plan to cover the cost of your tuition?

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

J. REFERENCES

Please list two references who know you well, either personally or professionally. Do not list immediate family members or the pastor who is completing your Pastor's Reference.

Reference 1

Full Name: _____

Relationship to you: _____

Address: _____

Phone: _____ Email: _____

Reference 2

Full Name: _____

Relationship to you: _____

Address: _____

Phone: _____ Email: _____

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

K. SHORT ESSAY QUESTIONS

1) Tell us about yourself in your own words: What do you enjoy? Tell us about your hobbies and interests!

2) Please share your faith journey. How did you come to know God? How would you describe where you currently are in your walk with Him? What are you doing to continue growing?

3) Describe a challenge you have faced, and how you overcame it. Be specific!

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER
CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

4) What do you understand about God’s call on your life?

6) Who do you allow to speak into your life? What’s their relationship to you?
(i.e., pastor, spiritual father, church leader, etc)?

7) What do you hope to gain through your time at the Cromwell Bible School? Why do you want to attend Cromwell Bible School?

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

L. DISCLAIMER AND SIGNATURE

Please initial on the line next to each paragraph to confirm you have read and understand the statement(s) contained therein. Please also sign and date this application.

_____ *I promise that, if admitted to Cromwell Christian Equipping Center (CCEC), I will at all times conduct myself as a Christian. I will faithfully and diligently apply myself to the studies required by the curriculum. I will promptly meet all financial and other obligations, and carefully obey the rules and regulations as set forth by the CCEC and its faculty.*

_____ *By signing below, I affirm that I am the applicant listed on this form. As previously said in page 7 (Emergency Contact Section), If reasonable efforts to reach my designee are not successful, I authorize CCEC and its representatives to administer First Aid and/or take me to a medical facility for treatment. I understand that I am responsible for any medical or dental costs not covered by my insurance. I acknowledge the risk of physical injury or the possibility of acquiring a communicable illness by participating in all activities at CCEC, or wherever they may take place, including off-site events. I accept personal financial responsibility for any illness, bodily or personal injury sustained or associated with all activities at/or sponsored by CCEC on or off-site.*

_____ *I understand that I am solely responsible for all legal fees and other fees arising from legal proceedings that I may pursue against CCEC, its partners, or its representatives. CCEC and its representatives are not liable for comprehensive and collision coverage for the use of public, private, or chartered vehicle transportation for school-sponsored activities.*

_____ *I understand that CCEC has a No-Refund Policy. Refunds will not be issued for any reason.*

_____ *I understand that my photograph may be used for promotional endeavors, including but not limited to magazines, brochures, fliers, web publications, and media presentations.*

_____ *I acknowledge that Cromwell Christian Equipping Center and its affiliated church, Rock City Church, is recognized as a 501(c)(3) nonprofit organization, and affirms its Statement of Faith. We operate exclusively for religious and educational purposes, and all funds support our mission and ministry.*

Please continue to the next page.

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

Continued from previous page.

_____ *Further, I agree to hold harmless CCEC, their representatives, and/or the facility of visitation for illness or injury sustained during all activities at CCEC on or off-site activities, sponsored by CCEC or its partners.*

By signing below, I confirm that the statements made in this application are true, correct, and complete.

Signature: _____ Date: _____

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

ADMINISTRATIVE

Pastoral Reference Received Date: _____

Application Fee Paid Date: _____

APPLICATION REVIEW: BISHOP BART PIERCE, PRESIDENT

President's Notes/Comments:

Signature of President: _____ Date: _____

Application Accepted Date: _____

Application Rejected Date: _____

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082



CROMWELL CHRISTIAN EQUIPPING CENTER

CROMWELL BIBLE SCHOOL - STUDENT APPLICATION

FOUNDER: BISHOP BART PIERCE
CROMWELL CHRISTIAN EQUIPPING CENTER
1605 CROMWELL BRIDGE ROAD
BALTIMORE, MD 21234
PHONE: 410 882 2217 x 1203

DEAN: JESSICA KILMARTIN
EMAIL: DEAN@CROMWELLCHRISTIAN.COM
WEBSITE: WWW.CROMWELLCHRISTIAN.COM
PHONE: 443 452 3082