

Application for Admission

PLEASE NOTE: All applications must be accompanied by a non-refundable \$35 registration fee.

IF YOU HAVE ATTENDED ANOTHER MINISTRY SCHOOL YOU MAY BE PRE-APPROVED TO ATTEND ON A RECOMMENDATION BASIS.

**MAIL COMPLETED APPLICATION TO:
SCHOOL OF THE NATIONS, 6391 LEISURE TOWN RD. VACAVILLE, CA 95687**

Name _____
Present Address _____
City _____ State _____
Phone _____ Country _____
Email Address _____

PERSONAL

(circle one)

(If separated or divorced, please attach explanation)

Sex: Male Female Marital Status: Single Married Separated Divorced Widowed - when?

Birthdate _____ Age _____ Social Security Number _____ - _____ - _____

Birthplace _____ Are you a U.S. Citizen? Yes No

Are you a resident alien? Yes No

Do you have a passport? Yes No

SPIRITUAL

When did you accept Christ as your personal Savior? _____

Have you had an Acts 2:4 experience? Yes No

Do you attend church regularly? Yes No Are you a member? Yes No

State any Christian service you have been involved in: _____

Home

Church/Denomination _____

Pastor's name _____ Phone _____

Address of church _____

FAMILY

Name of spouse, if married _____ Birthdate _____

Is your spouse in full support of your attending School of the Nations? Yes No

Children (Names and ages) _____

STATEMENT OF PURPOSE

Date _____

Applicant's Name _____

Address _____

City _____ State _____

PLEASE PRINT LEGIBLY

Which of the following categories would best describe you and your desire for the nations?

I would like to expand my world view

Short term Mission trips

Global Commuting --Having a home base,from which I travel to and from the nations

Part Time Missions—living on the field on a short term basis

Full Time Missions –living on the field on a full time basis

Explain why you want to attend The School of the Nations.

What type of involvement have you had in the nations?

Which nations are on your heart? Please Explain

Pastor's Recommendation

NOTE: This section to be completed by applicant

To the Applicant: This recommendation is to be completed by your Pastor and mailed directly by him/her to the School of the Nations. If your Pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date _____

Phone Day () _____ Evening () _____

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Country of Citizenship _____

To the Pastor: The above named is applying for admission to School of the Nations. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the school office at the address provided.

1. How long have you known the applicant? _____
2. How well do you know him/her? Please check one:
 Very well, pastoral relationship Fairly well, numerous personal contacts
 Casually, few personal contacts By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure
4. The applicant's influence on his or her peers is: Positive Neutral Negative

Please check one
 I highly recommend I recommend I recommend with reservation I cannot recommend

Please comment: _____

Please print or type the information below:
Your name _____ Phone () _____
Name of church and denomination _____
Pastoral position _____
Address _____
City _____ Country _____

Signature _____ Date _____