



Application

Emphasis of Study:

Please check one:

Emerging Leaders

Youth Ministry

Mentoring Abroad

Anticipated Start Date: Year _____ Fall/Spring (Circle One)

Please check one:

Certification

Credit through Anderson Univ.

Personal Information

Name	First	Middle	Last	Maiden Name (if applicable)
Preferred Name	Gender __M __F		Social Security Number	Date of Birth
Place of Birth (city)	Place of Birth (state)		Place of Birth (country)	Name of Spouse
Country of Citizenship If not the U.S., are you a permanent resident? If not born in the U.S., what year did you move to the U.S.? Have you previously been in contact with the Institute regarding enrollment?			Ethnicity: (This is for data collection purposes only. You are not required to provide this information.)	

Contact Information

Current Mailing Address	City	State	Zip
Email	Home Phone No.	Cell Phone No.	
Fax Phone No.	Work Phone No.	Ext.	Can you be contacted at work? What time would you prefer?
How do you prefer to receive future correspondence? (Check all that apply)			

Permanent U.S. Mailing Address	City	State	Zip
Phone No.	Name	Relationship (parents, etc.)	

Family Information

Date of Marriage:	Name of Spouse:	Dates of any Divorce(s) 1) _____ 2) _____	
Marital Status			
Mother	Name	Address	Age
	Occupation	Employer	Christian Where church member?
	Phone Number	E-mail Address	
Father	Name	Address	Age
	Occupation	Employer	Christian Where church member?
	Phone Number	E-mail Address	

Educational Experience

Current or Most Recent School	Major/Emphasis	Year Graduated or Anticipated
Address		Future Career Field
City	State	Zip
Business Phone		
While attending the Institute I will be a _____ <small>(year in college)</small>	Other Colleges/Universities Attended	GPA

Employment (List significant employment in last 10 years beginning with most recent. Include any previous employment with a mission agency.)

From DD/MM/YY to DD/MM/YY	Job Title (such as teacher, clerk)	Organization or Company	City	State/Country

Retired _____ If Yes, date of retirement _____

Church Membership Information

Church Name	Is this church affiliated with a Denomination? If Yes, which one?
Mailing Address	How long have you been a member of your present church?
City	State
Zip	
Pastor's name (First and Last)	Church Phone

Ministry and Calling (Please use no more than 500 words for each question)

Describe how you came to have a personal relationship with Jesus Christ, and how it affects your daily life, especially your academic studies and ministry involvement.

What motivated you to consider enrolling in the Institute, and how do you believe the Institute will affect your future goals?

If you have felt a calling (of ministry, missions, ect.) on your life, describe it.

What are the strengths and weaknesses that you would bring to the Institute?

Reference List (We will send out confidential references to the references you provide.)

- Pastor (can be same as spouse) How long has this person known you?

Name _____ Home Phone _____

Mailing Address _____ Work Phone _____

City/State/Zip _____
- Church Staff or Campus Minister How long has this person known you?

Name _____ Home Phone _____

Mailing Address _____ Work Phone _____

City/State/Zip _____
- Employer or Work Supervisor How long has this person known you?

Name _____ Home Phone _____

Mailing Address _____ Work Phone _____

City/State/Zip _____
- Person who has known you well in the last five years How long has this person known you?

Name _____ Home Phone _____

Mailing Address _____ Work Phone _____

City/State/Zip _____

Please complete this form and return it with ALL the following items:

- \$50 Application Fee
- 2 Passport-style Photos
- "Ministry and Calling" Answers
- Intern Scholarship Application

Have the following forms mailed by the individual who fills it out:

- Pastor Recommendation
- Personal Recommendation
- Official Transcript (From most current school)