

EVERY PEOPLE TRIBE AND NATION



MISSION APPLICATION - FOR ADMISSION

Your application must be accompanied with the application fee in U.S.D. Fee \$ 50.00

Once your application has been processed, you will receive notice of the registrar's decision by your Enrollment Services advisor.

Please place an "X" on the box that applies to you:

INITIAL STATUS: <input type="checkbox"/> New Student <input type="checkbox"/> Re-Admission		ATTENDANCE TYPE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Degree/Diploma Type:		<input type="checkbox"/> Evangelism <input type="checkbox"/> World Mission	
Expected Entrance Term: Year 20 _____			
<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall

Personal Information: Please Print - Answer all questions or indicate "N/A" if not applicable.

LAST NAME:		FIRST NAME:	
MI:	MAIDEN:	EMAIL ADDRESS:	
CURRENT ADDRESS:		CITY:	
STATE/PROVINCE/REGION:		ZIP CODE:	COUNTRY:
HOME PHONE:	WORK PHONE:	CELL:	
AGE:	BIRTH DATE: (MM/DD/YY)	GENDER: __M/F	SSN: ___/___/___
MARITAL STATUS: _____ SINGLE _____ WIDOWED		MARRIED DATE ___/___/___	DIVORCED: _____
Place of Birth – City:		State/Province/Region:	Country:
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If born in a place outside of the U.S. please include a copy of U.S. government authorization such as a U.S. passport.) Are you a permanent resident /resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship?	

FINANCES

Do you have adequate finances to cover tuition and living costs? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior (mm/dd/yy):	Have you had an Acts 2:4 experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you attend church regularly?	Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Church Name:	
Church Address:	
Denomination:	Pastor's Name:
State any type of Christian service you have done:	

PERSONAL SALVATION AND CHRISTIAN LIFE

Describe your personal salvation experience and how this is lived out in your daily life.

EMPLOYMENT EXPERIENCE (Answer all questions or include "N/A" if not applicable.)

Present employer:	Dates: (mm/yy) From: _____ to: _____
City/State/Country:	
Duties Performed:	

FAMILY INFORMATION ONLINE Program Applicant skip this section

Spouse – First/Last Name:		Has your spouse accepted Christ as his/her personal Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse applying to come to school with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age:	Occupation:	Home Address:	
Home Phone:	Work Phone:	Email:	
Child 1:	Age: ____ Birth Date: _____	Male Female	
Child 2:	Age: ____ Birth Date: _____	Birth Date: _____	
Child 3:	Age: ____ Birth Date: _____	Birth Date: _____	
Which members of your family do you plan to bring with you?			

RECOMMENDER'S SIGNATURE

DATE

Please return this form to: Every People Tribe and Nation, 441 Fawn Ridge Dr., Apt. #107, Dallas, TX 75224