

## STUDENT APPLICATION

Please fill out this application in its entirety. When you are finished please return it, with the application fee to our office at:

Emmanuel Institute of Evangelism  
P.O. Box 399  
Pullman, MI 49450

For students applying for the 14 week program you will also need to include the medical information form and a current photo of yourself and anyone coming with you. Also, make sure that the three individuals providing a reference for you will be sending the reference form to us within a week of us receiving your application. **Please note: your application will not be processed until we have received all required items, including reference forms.**

### PROGRAM YOU ARE APPLYING FOR:

- 10-day Evangelism Intensive
- 3-week Evangelism Seminar
- 14-week Evangelism Course

### DATES OF PROGRAM YOU ARE APPLYING FOR:

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

*"..You will be my witnesses -- in Jerusalem, in all of Judea, in Samaria, and in every part of the world." - Acts 1:8*

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Country of Citizenship: \_\_\_\_\_ Native Language: \_\_\_\_\_

If you are a foreign national now residing in the U.S. please indicate your visa status:

Student  Exchange Student  Permanent Resident: Card# \_\_\_\_\_

Other, specify: \_\_\_\_\_ Exp. date of visa: \_\_\_\_\_

Do you speak and understand English fluently?  Yes  No

---

---

## FAMILY INFORMATION

---

Marital Status:    Single    Married    Divorced    Widowed

If married, name of spouse: \_\_\_\_\_  
Last First Middle

Country of Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**OTHERS COMING WITH YOU** (if more than two are coming please attach a separate sheet with all of the following information for each person)

Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<span style="margin-left: 100px;"><small>Last</small></span> <span style="margin-left: 150px;"><small>First</small></span> <span style="margin-left: 150px;"><small>Middle</small></span>		
Country of Citizenship: _____		Date of Birth: _____ / _____ / _____
<span style="margin-left: 350px;"><small>Month</small></span> <span style="margin-left: 100px;"><small>Day</small></span> <span style="margin-left: 100px;"><small>Year</small></span>		
Relationship to You: _____ Is this person in school? <input type="checkbox"/> Yes <input type="checkbox"/> No   What grade: _____		

Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<span style="margin-left: 100px;"><small>Last</small></span> <span style="margin-left: 150px;"><small>First</small></span> <span style="margin-left: 150px;"><small>Middle</small></span>		
Country of Citizenship: _____		Date of Birth: _____ / _____ / _____
<span style="margin-left: 350px;"><small>Month</small></span> <span style="margin-left: 100px;"><small>Day</small></span> <span style="margin-left: 100px;"><small>Year</small></span>		
Relationship to You: _____ Is this person in school? <input type="checkbox"/> Yes <input type="checkbox"/> No   What grade: _____		

---

---

## EDUCATION AND WORK HISTORY

---

### PREVIOUS EDUCATION/TRAINING:

Name of School	Program Type	Degree/Certificate	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been dismissed from an educational institution?    Yes    No  
If yes, please attach an explanation.

### PREVIOUS WORK EXPERIENCE:

Company	Dates at Company	Position/Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

---

## SPIRITUAL INFORMATION

---

Church Affiliation: \_\_\_\_\_ Baptized Member:  Yes  No

Name of Pastor: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_

Describe your current spiritual walk: \_\_\_\_\_

---

---

---

---

---

Share some of your favorite authors and/or public speakers and why you like them: \_\_\_\_\_

---

---

---

---

---

Do you understand the fundamental beliefs of the Seventh-day Adventist Church?  Yes  No

Are you in agreement with them?  Yes  No If not, please attach an explanation.

---

---

## OTHER INFORMATION

---

Have you ever been convicted of a crime?:  Yes  No If yes, please attach an explanation including if you are still under supervision (parole, probation, etc.)

Please list any languages in addition to English that you speak fluently: \_\_\_\_\_

---

List your hobbies and/or leisure activities: \_\_\_\_\_

---

---

---

---

---

## ATTENDANCE OBJECTIVES

---

What is your main reason for attending Emmanuel Institute: \_\_\_\_\_

Is it your desire to enter into full time ministry work after you complete the program?  Yes  No

Do you already have employment lined up for after your program?  Yes  No

Are you planning on continuing your education at another institution after you complete the program?  
 Yes  No

Do you have the means to pay for the program for which you have applied?:  Yes  No  
If no, please attach an explanation of how you plan to fulfill this obligation, if accepted.

---

## INITIALS & SIGNATURE

---

Please read the following and initial if you agree:

\_\_\_\_\_ I have completely read the Emmanuel Institute of Evangelism student handbook and understand the policies contained therein.  
*Initial*

\_\_\_\_\_ If I am accepted into the program I agree to order my life to be in full harmony and compliance with all of the policies outlined in the Emmanuel Institute of Evangelism student handbook.  
*Initial*

\_\_\_\_\_ I understand that violating any policies outlined in the Emmanuel Institute of Evangelism student handbook may result in disciplinary action up to and including dismissal from the program, without refund.  
*Initial*

\_\_\_\_\_ I understand that full payment for the program is required on or before registration. I understand that upon acceptance into the program half of the program fees are due in order to hold my place in the program. I understand that if my payment of half of the program fees is not received by the Emmanuel Institute of Evangelism office within thirty days of the date on my acceptance letter, my place in the program will be opened up for other applicants.  
*Initial*

I certify that all of the information I have supplied on this application is true and correct. I realize that falsification of any information I provide to Emmanuel Institute of Evangelism is grounds for immediate dismissal, without refund. It is my desire to attend the program for which I have applied and I commit to be a full and active participant in all activities and duties of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_