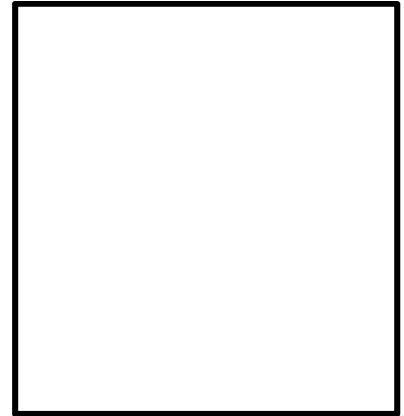




2017-2018 APPLICATION

PHOTO OF YOU
(attach a 2x2" photo of yourself here)



VITAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

ABOUT YOU

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

PERSONAL (Mark box)

Gender:

- Male
- Female

Marital Status:

- Single
- Married
- Divorced
- Widowed

If married, will your spouse be attending school? YES NO

If separated or divorced, please provide an explanation for each marriage and divorce:

Birth Date: _____ Age: _____

Social Security Number: _____

Birthplace: _____

Are you a U.S. Citizen? YES NO

If not a U.S. Citizen, please explain your level of understanding, reading, and writing English:

SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior?

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4? YES NO

If yes, how do you know you were baptized in the Spirit?

Do you attend church regularly? YES NO

Are you a church member? YES NO

How long have you been attending? _____

Home Church: _____

Pastor's Name: _____

Church Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Have you recently left another church? YES NO

If yes, was it a good parting or are there unresolved issues?

List Christian volunteer work you have completed (camp counselor, teacher, etc.).

HEALTH

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required:

EDUCATION

Did you graduate from High School? YES NO

Or get a GED or equivalent? YES NO

Have you attended college/university? YES NO

What was/is your major? _____

Have you graduated from college/university? YES NO

Graduation Date: _____

FAMILY

Name of spouse if married: _____

Spouse's birthday: _____ Spouse's age: _____

Children (names and ages):

PARENTS

Father's Name: _____

Living? YES NO

Phone: _____

Mother's Name: _____

Living? YES NO

Phone: _____

EXPERIENCES

Answering "YES" to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you used tobacco in the last six months? YES NO

Have you consumed alcoholic beverages in the last six months? YES NO

If yes, please explain:

Have you been involved with pornography in the last 12 months? YES NO

If so, when was the last time, and what have you been doing to remain pure in this area?

Have you been involved in homosexuality within the last 5 years? YES NO

If so, when was the last time? And please explain what God has done to restore you:

Have you ever been arrested? YES NO

If yes, when? Please provide a brief explanation:

Were you convicted? YES NO

If yes, when and where? Please provide a brief explanation:

Have you ever been involved in the occult, witchcraft, or cults? YES NO

If yes, please provide a brief explanation:

Have you used illegal drugs or marijuana in the last six months? YES NO

If yes, please explain:

EMPLOYMENT

Occupation: _____

Present Employer: _____

Address: _____

Phone: _____

*Your employer may be contacted.

FINANCES

Tuition is \$3,000. You are expected to pay at least \$1,500 on the first day of school. Will you be prepared to pay it? YES NO

If no, please explain:

Do you realize that outreach funds are not included in your tuition expense? YES

Outreach expenses (approximately \$1000-\$1500) will be determined when the class decides the trip location.

STATEMENT OF PURPOSE

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord). Limit statement to 300 words:

MORE INFORMATION

Briefly explain why you want to attend The PEAK:

What are you really passionate about?

FIRST PERSONAL RECOMMENDATION *

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Country: _____

SECOND PERSONAL RECOMMENDATION *

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Country: _____

PASTORAL RECOMMENDATION *

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Country: _____

* These are the people you will be asking to submit recommendations for you. These recommendations will be mailed, emailed or delivered to the Zion office.

PAYMENT INFORMATION

Once you are accepted to The PEAK, a non-refundable \$100.00 deposit will be required within 30 days of receiving your acceptance letter to confirm your decision to attend The PEAK. The deposit can be paid online or to the office. For more information call 509-489-8073.

BILLING INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip / Postal Code: _____

Country: _____

Billing Country: Outside of USA USA

AGREEMENT:

I understand that any falsification of information on this application is grounds for dismissal at any time.

Signature: _____ Date: _____