

Student Application Form

School applying for: DTS All Nations All Generations DTS

DTS is prerequisite for all other U of N courses.

Date of School Applying for: _____ Application Fee Enclosed: \$ _____
Month/Year

Mr./Mrs./Miss _____ Male Female

Last Name First Name Middle Name Preferred Name

Age _____ Birth Date _____ Birth Place _____
Day/Month/Year

Are you pursuing a U of N degree? No Yes

U of N College: _____ Major: _____ Degree Level: _____

Current Address:

Street Address City State/Province Postal/Zip Code Country

Phone Number: _____ Current Address Valid Until: _____
Day/Month/Year

Email Address: _____

Permanent Address:

Street Address City State/Province Postal/Zip Code Country

Phone Number Fax Number

FAMILY

Marital Status: Single Engaged (Date: _____) Married (Date: _____)
 Widowed (Date: _____) Separated (Date: _____) Divorced (Date: _____)

Name of Fiancée or Spouse _____
Last Name First Name Middle Name

Age _____ Birth Date _____ Birth Place _____
Day/Month/Year City Province/State Country

Dependents: Please list any dependents accompanying you.

Last Name	First Name	Middle Name	Birth Date (D/M/Y)	Sex (M/F)	School Grade

IMPORTANT

Please attach a recent wallet-sized photo of yourself

PASSPORT INFORMATION

Country of Citizenship: _____ Passport# _____

Name (As listed on Passport): _____

City and County where Passport Issued: _____ Passport Expiry Date: _____
Day/Month/Year

Have you ever been refused a visa? No Yes

If yes, give nation and describe the circumstance under which you were refused:

EDUCATIONAL INFORMATION

I have not completed high/secondary school. The highest level completed _____

School/College/University/Seminary Name: _____

Address: _____

Dates Attended: _____

Degree/Major: _____

YWAM/U OF N BACKGROUND INFORMATION

Have you previously attended any YWAM or U of N school(s)? No Yes (please answer below)

School(s)	Dates Attended	Location
1. Lecture Phase _____	Mo/Yr to Mo/Yr	City/Country
Field Assignment Phase _____	Mo/Yr to Mo/Yr	City/Country
2. Lecture Phase _____	Mo/Yr to Mo/Yr	City/Country
Field Assignment Phase _____	Mo/Yr to Mo/Yr	City/Country

(Please arrange for your most recent school leader to complete one of the attached Reference forms)

LANGUAGES

Languages spoken in decreasing order of fluency:

1. _____
2. _____
3. _____

English Proficiency:

- elementary speaking
- limited word proficiency
- minimum professional
- native speaker
- mother tongue

TOEIC / TOEFL Score
(if applicable): _____

FINANCIAL INFORMATION

Do you have your complete school fees? Yes No
If no, please answer from what source they will come?

If you do not have your complete school fees, we will require you to complete a "Financial Agreement" Form.

Do you have any other outstanding debts? Yes No
If yes, how will you cover them during your absence?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school tuition fees must be made in Canadian currency prior to or upon arrival, unless otherwise approved in writing by the School Director. I understand that these special arrangements must be made before my arrival at YWAM Eagles Nest. Further, I agree to have personal emergency medical coverage for the duration of my stay in Canada as well as for the weeks of outreach. I also agree to cover all personal expenses incurred during my involvement with Youth With a Mission, prior to the completion of the school.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age:

Parent/Guardian Signature _____ Relationship _____ Date _____
Day/Month/Year

EMERGENCY INFORMATION

In case of emergency, contact _____ Relationship _____

Address: _____
Street City State/Province Postal/Zip Code Country

Home Telephone _____ Work Telephone _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age:

Parent/Guardian Signature _____ Relationship _____ Date _____
Day/Month/Year

I have hereby completed all portions of this application accurately for admission to the program for which I am applying. I have also read the policies and if I am accepted by Youth With a Mission, I will abide by the spirit, guidelines and schedules of the program.

Applicant's Signature _____ Date _____
Day/Month/Year

Please Mail or Fax the completed form to:

YWAM Eagles Nest
Box 551 LCD1
Medicine Hat, AB T1A 7G5

Phone: 403-893-3000
Fax: 403-527-3746
Email: info@ywameaglesnestranch.com

SKILLS

Work Experience _____ Time Period _____

Work Experience _____ Time Period _____

Work Experience _____ Time Period _____

Work Skills

- Carpentry/Construction
- Computers
- Child Care
- Dish Duty
- Food Preparation
- Gardening
- Handyman
- Hospitality
- Housekeeping
- Maintenance (Building)
- Maintenance (Vehicle)

Ministry Ability

- Children's Programs
- Dance
- Drama
- Evangelism
- Health Care
- Musical (Vocal)
- Musical (list instrument)
- Public Speaking
- Puppetry

List Other Skills

REFERENCES:

Please have the enclosed references completed and mailed or faxed directly to our office. We recommend you provide a stamped envelope addressed to Youth With A Mission Eagles Nest for all references. We cannot process your application until these forms are received. List the names and addresses of your references below. **Please, no family members giving references.**

Teacher Employer YWAM Leader Name: _____

Street Address City State/Province Postal/Zip Code Country

Home Phone Work Phone Email

Pastor Name: _____ Home Church: _____

Street Address City State/Province Postal/Zip Code Country

Pastor's Phone Church Phone Email

Friend Name: _____

Street Address City State/Province Postal/Zip Code Country

Home Phone Work Phone Email

EXPECTATIONS

How did you first hear of Youth With A Mission Eagles Nest?

GO Manual Friend Web Site Missions Conference Other _____

What expectations do you have of the school you are applying for?

Are you intending on completing all phases of the school you are applying for? Yes No (please explain:)

Are you facing any difficult situations or issues with regards to attending the school you are applying for?

Yes No (If yes, how can we effectively pray for you?)

If you are not accepted into the school for which you are applying for, what are your alternative plans?

APPLICATION FEE PAYMENT FORM

Please complete this form only if you wish to pay your application fee by credit card.

Application Fee Amount: \$50 (Individual) \$75 (Couple)

Credit Card Type: VISA MasterCard

Card Number _____

Expiry Date (MM/YY) _____

Name on Credit Card _____

Home Phone _____

Alternate Phone _____

Billing Street Address _____

City _____

State/Province _____

Postal/Zip Code _____

Country _____

I, the undersigned, authorize YWAM Eagles Nest to bill my credit card for the amount specified above.

Card Holder's Signature _____

Date _____

Day/Month/Year

CONFIDENTIAL HEALTH FORM

School applying for: DTS

Starting Date: _____
Day/Month/Year

Applicant's Name _____
Last Name First Name Middle Name

Permanent Address:

Street Address City State/Province Postal/Zip Code Country

E-mail Address Phone Number

Youth With A Mission Eagles Nest requires that you have medical insurance coverage for the duration of your stay in Canada.

Name of Insurer: _____

Brief Description of Medical Insurance Coverage:

PERSONAL HISTORY

Please answer all questions. Comment on all positive answers on a separate piece of paper.

Your response to these questions will affect admission consideration.

- | | | |
|--|--|---|
| <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Cancer (specify) |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Rheumatism/Arthritis | <input type="checkbox"/> Eating Disorders (specify) |
| <input type="checkbox"/> Recurrent Headaches | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Allergies (specify) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dislocation of Joints | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Broken Bones | |
| <input type="checkbox"/> Mental/Nervous Disorder | <input type="checkbox"/> Ulcer (specify) | |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Gall Bladder Problems | Females Only |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Surgery (specify) | <input type="checkbox"/> Irregular Periods |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Severe Cramps |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Excessive Flow |
| <input type="checkbox"/> Hay Fever/Asthma | <input type="checkbox"/> Recurrent Diarrhea | <input type="checkbox"/> Are you pregnant? |

Other illness or conditions: _____

Are you (at present) under the doctor's care for any condition? No Yes (please specify:)

Are you taking any medication at this time? No Yes (please specify:)

Are you allergic to any drugs? No Yes (please specify:)

Do you have any food allergies? No Yes (please specify:)

Do you have a history of emotional instability or psychiatric treatment? No Yes (please specify:)

Do you now or have you ever received any compensation for disability from any source? No Yes (please specify:)

Do you have any physical impairments, handicaps or health conditions which require special attention? No Yes (please specify:)

COMMUNICABLE DISEASES: Please place a check mark beside the following illnesses you have had.

- | | | | |
|---|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Measles (specify:) | | <input type="checkbox"/> Other (specify:) | |

TO THE PHYSICIAN

Name of the Applicant: _____

The above named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" information, fill out the portion below, and make any additional comments. Thank You.

Blood Pressure: _____ Pulse: _____

Height: _____ Weight: _____

Are there any abnormalities of the following?

Yes	No	Please Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Ears, Nose, Throat _____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes _____
<input type="checkbox"/>	<input type="checkbox"/>	Neurological _____
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular _____
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory _____
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal _____

Would the applicant be capable of walking 5-6 kilometers per day?

Yes No (please comment) _____

How would you rate the applicant's condition of health: Excellent Good Fair Poor

IMMUNIZATIONS

Are the following immunizations current?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	DTP (Diphtheria, Tetanus, Pertussis)
<input type="checkbox"/>	<input type="checkbox"/>	Polio
<input type="checkbox"/>	<input type="checkbox"/>	RRM (Rubella, Rubeola, Mumps)
<input type="checkbox"/>	<input type="checkbox"/>	Cholera
<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A and B

PHYSICIANS RECOMMENDATION

Acceptable without limitations
 Should remain in areas where adequate medical care is provided
 No acceptable
 Acceptable with limitations (specify) _____

Physician's Signature _____ Date: _____

Physician's Name _____

Full Address _____

Please Mail or Fax the completed form to:

YWAM Eagles Nest
Box 551 LCD1
Medicine Hat, AB T1A 7G5

Phone: 403-893-3000
Fax: 403-527-3746
Email: info@ywameaglesnestranch.com



Pastor Reference Form

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to Youth With a Mission Eagles Nest to the attention of the School Leader.

Applicant's Name: _____
Last Name First Name Middle

Course Applying for: _____ Date: _____
Month/Year to Month/Year

Permanent Address: _____
Street/P.O. Box City Pro/State

Zip (Postal) Code Country Phone Email Address

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: _____ Date: _____

The above applicant has applied to the indicated course with Youth With A Mission (YWAM). YWAM is an international, interdenominational missionary organization founded in 1960. YWAM has over 18,000 permanent staff at 1,000 centres in 165 nations. Its purposes include training, evangelism and mercy ministries.

Serious consideration is given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following and comment where necessary.

How well do you know the applicant? Very Well Well Casually

How long have you known the applicant? _____ Years _____ Months

Comments:

Initiative	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Social Adaptability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Concern for Others	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Ability to Follow	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Leadership	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Judgment/Decision Making	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Emotional Stability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Health	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Personal Appearance	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Mental Ability	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow		
Industry	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence		
Reliability	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations		
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids groups activity		
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding		
Christian Character	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable		
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive		
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late		
Financial Responsibility	<input type="checkbox"/> Honours obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful		

(Please use additional paper if necessary in answering the following questions)

1. Describe the applicant's strengths: _____

2. Describe the applicant's areas of growth: _____

3. In your association of the applicant, what has been the level of commitment exemplified?
 Faithful Inconsistent Other (please comment:) _____

4. Describe how the applicant responds to authority: _____

5. Please comment on the applicant's family background: _____

6. Please add any other relevant remarks that you feel we should know more about to be of better service to them:

7. Would you recommend the applicant for acceptance into this program?
 Yes With some reservations (please explain) No (please explain)

Church Name _____
1. Were you aware of the applicant's intentions to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Would your congregation/group consider financially supporting the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your congregation/group standing behind the applicant with enthusiasm and prayer? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. What other relevant pastoral recommendations can you offer regarding the applicant? _____ _____

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date _____
Day/Month/Year

Name _____

Street Address _____ City _____ State/Province _____ Postal/Zip Code _____ Country _____

Home Phone _____ Work Phone _____ Email _____

Would you like to receive further information about Youth With a Mission? Yes No

Please Mail or Fax the completed form to:

YWAM Eagles Nest
Box 551 LCD1
Medicine Hat, AB T1A 7G5

Phone: 403-893-3000
Fax: 403-527-3746
Email: info@ywameaglesnestranch.com



Friend Reference Form

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to Youth With a Mission Eagles Nest to the attention of the School Leader.

Applicant's Name: _____
Last Name First Name Middle

Course Applying for: _____ Date: _____
Month/Year to Month/Year

Permanent Address: _____
Street/P.O. Box City Pro/State

Zip (Postal) Code Country Phone Email Address

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: _____ Date: _____

The above applicant has applied to the indicated course with Youth With A Mission (YWAM). YWAM is an international, interdenominational missionary organization founded in 1960. YWAM has over 18,000 permanent staff at 1,000 centres in 165 nations. Its purposes include training, evangelism and mercy ministries.

Serious consideration is given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following and comment where necessary.

How well do you know the applicant? Very Well Well Casually

How long have you known the applicant? _____ Years _____ Months

Comments:

Initiative	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Social Adaptability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Concern for Others	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Ability to Follow	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Leadership	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Judgment/Decision Making	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Emotional Stability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Health	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Personal Appearance	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	

Comments:

Mental Ability	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow	
Industry	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence	
Reliability	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations	
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids groups activity	
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding	
Christian Character	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable	
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive	
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late	
Financial Responsibility	<input type="checkbox"/> Honours obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful	

(Please use additional paper if necessary in answering the following questions)

1. Describe the applicant's strengths: _____

2. Describe the applicant's areas of growth: _____

3. In your association of the applicant, what has been the level of commitment exemplified?
 Faithful Inconsistent Other (please comment:) _____

4. Describe how the applicant responds to authority: _____

5. Please comment on the applicant's family background: _____

6. Please add any other relevant remarks that you feel we should know more about to be of better service to them:

7. Would you recommend the applicant for acceptance into this program?
 Yes With some reservations (please explain) No (please explain)

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date _____
Day/Month/Year

Name _____

Street Address _____ City _____ State/Province _____ Postal/Zip Code _____ Country _____

Home Phone _____ Work Phone _____ Email _____

Would you like to receive further information about Youth With a Mission? Yes No

Please Mail or Fax the completed form to:

YWAM Eagles Nest
Box 551 LCD1
Medicine Hat, AB T1A 7G5

Phone: 403-893-3000
Fax: 403-527-3746
Email: info@ywameaglesnestranch.com



Employer / Teacher / YWAM Leader Reference Form

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to Youth With a Mission Eagles Nest to the attention of the School Leader.

Applicant's Name: _____
Last Name First Name Middle

Course Applying for: _____ Date: _____
Month/Year to Month/Year

Permanent Address: _____
Street/P.O. Box City Pro/State

Zip (Postal) Code Country Phone Email Address

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Applicant's Signature: _____ Date: _____

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Social Adaptability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Concern for Others	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Ability to Follow	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
Leadership	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior	
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Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids groups activity	
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding	
Christian Character	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable	
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive	
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late	
Financial Responsibility	<input type="checkbox"/> Honours obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful	

(Please use additional paper if necessary in answering the following questions)

1. Describe the applicant's strengths: _____

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3. In your association of the applicant, what has been the level of commitment exemplified?
 Faithful Inconsistent Other (please comment:) _____

4. Describe how the applicant responds to authority: _____

5. Please comment on the applicant's family background: _____

6. Please add any other relevant remarks that you feel we should know more about to be of better service to them:

7. Would you recommend the applicant for acceptance into this program?
 Yes With some reservations (please explain) No (please explain)

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date _____

Day/Month/Year

Name _____

Street Address _____ City _____ State/Province _____ Postal/Zip Code _____ Country _____

Home Phone _____ Work Phone _____ Email _____

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