

Application



P.O. Box 8500, Hot Springs, AR 71910 • 501-624-1952 • www.appliedlife.com

APPLICATION INSTRUCTIONS

In evaluating the applicant's enrollment at Applied Life Leaders Academy, academic capabilities, as well as involvement in church, community, family, and school activities are considered on an individual basis, so we encourage you to submit any additional information you feel will be helpful to the admissions board. Please complete the application and mail to the Admissions Office. The address is:

Applied Life Leaders Academy
Admissions
P.O. Box 8500
Hot Springs, AR 71910

ALL APPLICANTS

First, spend time praying and asking God for direction:
"Is this where you want me, Lord?"

The Check List:

- Fill out entire application. Don't forget your picture!
- Write your biographical essay (instructions below).
- Include your official high school transcript or GED score.
- Include your official ACT or SAT Score (If out of high school for more than 2 years, ACT and SAT are optional).
- Include your official immunization records.
- Fill out your part of the Minister's Recommendation and Character Reference and get them to the right people.
- Double check the entire list. You're done! We'll contact you within two weeks of receiving your Application Packet, Minister's Recommendation, and Character Reference.

BIOGRAPHICAL ESSAY

Answer the following questions in a double-spaced typed essay in two pages or less.

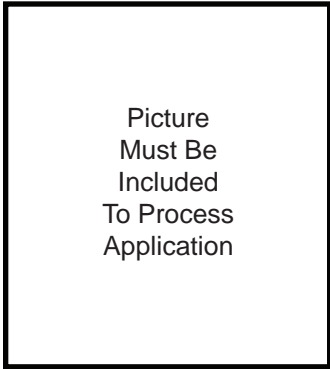
1. Please explain your personal relationship with Jesus Christ. What does it mean to you to be a follower of Christ?
2. Please tell us about the persons, places and events that have influenced your life.
3. What contribution do you feel you can make to the Applied Life Leaders Academy community?



General Information

WRITE N/A WHERE NOT APPLICABLE

Year you wish to begin study: 20 _____



Housing Policy

All students must reside in academy housing.

Name _____
Last First Middle

Preferred Name _____

Social Security Number _____

Sex: [] Female [] Male Birth Date ____ / ____ / ____

Marital Status [] Single [] Married [] Divorced

Children [] Yes [] No # of children _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail address _____

Country of citizenship _____

If not a U.S. Citizen, check type of visa: [] Student [] Permanent Resident [] Visitor [] Dependent

Is English your primary language? [] Yes [] No If not, what is? _____

Name of parent(s) or guardian(s) with which you reside (when applicable): _____

Name and mailing address of next of kin: [] Father [] Mother [] Grandfather [] Grandmother

[] Brother [] Sister [] Uncle [] Aunt [] Legal Guardian [] Other (please specify) _____

List names and state relationship of any relatives who have attended or are attending Applied Life Leaders Academy



Educational Information

Name of High School _____

Phone (_____) _____ Date of Graduation ____ / ____ / ____

School Address _____

City _____ State _____ Zip Code _____

Did/will you graduate early? Yes No

From which type of high school did/will you graduate? Public Private Home School

Date you took/will take the GED (if applicable) ____ / ____ / ____ GED Total Score _____

Date you took/will take the: ACT ____ / ____ / ____ SAT ____ / ____ / ____

What was your score? ACT _____ SAT _____

Have you ever been dismissed, placed on probation or required to leave school for any reason?

Yes No

If yes, please explain the circumstances in your Biographical Essay.



Activities And Awards

Please list any church/community involvement, extracurricular activities, special awards or recognition:



Medical History

Please complete this form and send with application form. The information given is kept confidential.

Mr. Mrs. Miss

Name _____
Last First Middle

Date of Birth _____ Sex _____ Marital Status Single Married Divorced Widowed

Home Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Parent, Guardian, or Spouse _____

Address _____ Phone (_____) _____

Are you under treatment for anything medical, surgical, or emotional?

Yes No Explain _____

Prior Hospitalizations Yes No Explain _____

List name and address of attending physician for these conditions:

Family Physician _____

Address and Phone _____

Height _____ ft. _____ in. Weight _____ lbs.

Immunizations Last dates received

Tetanus (within 10 years) _____

Polio (5 years through age 19) _____

Others (describe) _____

Skin Test and/or chest x-ray in last 6 months:

Date _____ Results _____

List prescriptions you take, if any _____

List non-prescription (illegal) drugs previously used _____

Parent's Signature (if dependent) _____

Student's Signature _____

Date _____

Family History

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father					
Mother					
Brothers					
Sisters					

Have you had	Yes	No
Scarlet Fever		
Measles		
German Measles		
Mumps		
Chicken Pox		
Allergies		
Penicillin		
Sulfonamides		
Serum		
Foods		
Other		
Surgery		
Appendectomy		
Tonsillectomy		
Hernia Repair		
Other		



Code of Honor Pledge

Please read the following statement thoughtfully before signing. If accepted to Applied Life Leaders Academy, your continued enrollment will depend on your working within these guidelines.

Applied Life Leaders Academy is dedicated to providing a quality internship within the Christian framework. Our vision is to motivate the next generation to passionately pursue Jesus Christ and to equip them with the life skills necessary to reach their full potential in Christ. Leaders Academy is designed to teach this culture how to take God's Word and apply it to their everyday lives so that they can achieve the victories that God has for them.

Applied Life Leaders Academy takes seriously its part in developing your leadership and is committed to providing the following:

- An opportunity to grow
- A stimulating spiritual environment
- Assistance in finding God's direction for your life
- An interdependence and commitment to the body of Christ which is the church

The Leaders Academy is not responsible for illness, theft, accidents on or off campus or any other mishap of personal detrimental nature.

It is expected that you will take your responsibility as an intern seriously. We treasure students who strive for and maintain high moral and ethical standards and who can contribute to this high quality of life on our campus.

As part of our commitment to provide a distinctive lifestyle experience, the Leaders Academy prohibits on and off campus possession or use of alcoholic beverages, illegal drugs, tobacco, gambling, sexual misconduct, cheating, theft, and conduct inconsistent with the goals of this ministry.

An important element of "community" at the Leaders Academy is corporate worship and fellowship. Therefore, church attendance is required.

If admitted to Applied Life Leaders Academy, I will

- 1) Earnestly seek to grow in body, soul, and spirit
- 2) Strive to uphold in both spirit and letter the standards of the Leaders Academy
- 3) Work to make a positive contribution to the Leaders Academy community

Applied Life Leaders Academy reserves the right to dismiss any student who chooses not to live up to the standards set forth by the Leaders Academy. (All tuition and fees paid are non-refundable).

Signature _____ Date _____

Parent's Signature _____ Date _____



Personal Information

Why do you desire to attend Applied Life Leaders Academy? _____

How did you first hear about Applied Life Leaders Academy? _____

List other internships to which you have applied: _____

Have you ever been convicted, plead guilty or no contest to a felony charge? Yes No

I declare that all information given is true to the best of my knowledge. I have read and, if accepted to Applied Life Leaders Academy, agree to abide by the Code of Honor Pledge.

Signature _____ Date _____

Minister's Recommendation



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THIS SECTION TO BE COMPLETED BY THE APPLICANT

Applicant's Full Name _____

SSN _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____

I waive my right to see this and other reference forms and I agree that this recommendation shall remain confidential.

Signature _____ Date _____

IMPORTANT NOTE!

To the Individual Completing This Form: If the applicant has not signed the waiver above, it is possible that the recommendation may be seen by the applicant if he or she is accepted and enrolls as an intern. If the waiver is signed, the reference will remain confidential.

To the Minister:

The above student has applied for admission to Applied Life Leaders Academy, a Christian internship committed to building leadership into this generation by teaching them to apply God's Word to their daily lives. We feel it necessary to have your personal guidance and counsel before accepting the applicant. We ask that you respond with as much specific information as you feel comfortable providing about the applicant. Please discuss home life, significant experiences, etc., that would be beneficial. If there is information concerning this person that you would prefer to discuss personally, please check the space provided and I will make arrangements to discuss the matter by phone.

The recommendation is of utmost importance, so should you need more space please attach an additional sheet.

We know that your schedule is busy; please mail this to us as quickly as possible, as the applicant's consideration for acceptance will be pending until we receive this form from you. You can also fax the completed form to 501-318-2624.

Sincerely,
Paul Kern
Administrator
Applied Life Leaders Academy

Return this completed form to:
Applied Life Leaders Academy
P.O. Box 8500
Hot Springs, AR 71910

Phone: 501-624-1952
Fax: 501-318-2624



Minister's Recommendation

THIS SECTION TO BE COMPLETED BY THE MINISTER

Minister's Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Church Name and Denomination _____

Phone (_____) _____ Email _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

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

To your knowledge does the applicant: Smoke Drink alcoholic beverages Use illegal drugs None of these

How would you describe the applicant's church relationship and Christian commitment? (circle as many as necessary)

Sympathetic	Enthusiastic	Tolerant	Warm Hearted
Respectful	Critical	Passive	Loving

What do you consider to be the applicant's strengths? _____

Describe the applicant's outlook on life (i.e. lifestyles, values, attitudes, etc.) _____

Discuss areas concerning which the applicant might need special attention _____

How do you evaluate the applicant's willingness to change? _____

How do you consider the applicant's willingness to submit to authority? _____

How would you rate the applicant in the areas listed below? (check appropriately)

	Highest					Lowest				
	10	9	8	7	6	5	4	3	2	1
Emotional Stability										
Peer Relationship										
Spiritual Maturity										
Moral Integrity										
Intelligence										
Social Readiness										

As the referent I recommend the applicant without reservation strongly with reservations

not recommended I prefer further discussion please call _____

Signed _____ Date _____

Character Reference



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THIS SECTION TO BE COMPLETED BY THE APPLICANT

Applicant's Full Name _____

SSN _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____

I waive my right to see this and other reference forms and I agree that this reference shall remain confidential.

Signature _____ Date _____

The above student has applied for admission to Applied Life Leaders Academy, a Christian internship committed to building leadership into this generation by teaching them to apply God's Word to their daily lives. Completing this reference will assist us in both the admission decision and transition into a new level of responsibility required at Applied Life Leaders Academy should the applicant be enrolled.

IMPORTANT NOTE!

To the Individual Completing This Form: If the applicant has not signed the waiver above, it is possible that the reference may be seen by the applicant if he or she is accepted and enrolls as an intern. If the waiver is signed, the reference will remain confidential.

THIS SECTION TO BE COMPLETED BY THE INDIVIDUAL PROVIDING THE CHARACTER REFERENCE

This recommendation is from a: (please check one)

Pastor Principal/Administrator Teacher

Youth Pastor Employer Other _____

How long and in what capacity have you known the applicant?

Do you believe the applicant to be genuinely saved? Yes No

How is this evidenced?

Does the applicant's lifestyle indicate a desire to live according to Biblical principles and be separated from worldly actions or attitudes?

Yes No (If no, please explain.)

Do you know of any specific struggles, past or present, this person may have encountered? (i.e., moral failures, alcohol, drugs, cigarettes, police record, foul language, cheating, other integrity issues, etc.)

Yes No (If yes, please explain.)



Character Reference

THIS SECTION TO BE COMPLETED
BY THE INDIVIDUAL PROVIDING THE CHARACTER REFERENCE

Would you hire the applicant to work for you?
 Yes No (If no, please explain.)

Is this applicant the kind of person with whom you would want your son or daughter to be close friends?
 Yes No (If no, please explain.)

Is the applicant appropriate in his or her response to parental authority, school authority, or pastoral authority?
 Yes No Don't Know (If no, please explain.)

Does the applicant have a good reputation in his or her relationship with the opposite sex?
 Yes No Don't Know (If no, please explain.)

What do you consider the applicant's strengths?

What do you consider the applicant's weaknesses?

What is your estimate of the applicant's potential for success in a church internship?
 May encounter some difficulty Average Above Average Superior

Is the applicant engaged?
 Yes No Don't Know

Has the applicant been married before?
 Yes No Don't Know

Additional Comments:

SPECIFIC RECOMMENDATION:

Enthusiastically recommend Do not recommend for Applied Life Leaders Academy

Recommend with reservations Prefer not to make any recommendation

Signature _____ Print Name _____

Address _____ City _____ State _____ ZIP _____

Daytime telephone _____ Date _____

Can we contact you if necessary? Yes No