



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. This application is for you to complete and mail to the Admissions Office.

The Address Is:

Applied Life Leaders Academy
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.

Picture
Must Be
Included To
Process
Application

Last Name

First Name

Middle Name

Preferred Name

Sex ☐ Female ☐ Male Birth Date _____ Social Security Number _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed Children ☐ Yes ☐ No # of Children _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

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 no, what is? _____

Name of parent(s) or guardian(s) with whom you reside (if applicable) _____

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

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

Name _____ Address _____

City _____ State _____ Zip _____ Country _____

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

EDUCATIONAL INFORMATION



Name of High School _____

Home Phone _____ *Fax* _____

School Address _____

City _____ State _____ Zip _____ Country _____

Date of Graduation _____ 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:



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

☐ Mr. ☐ Mrs. ☐ Ms.

Name _____
Last First Middle

Sex ☐ Female ☐ Male Birth Date _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Home Address _____
City _____ State _____ Zip _____ Country _____
Phone _____

Parent, Guardian, or Spouse _____
Home Address _____
City _____ State _____ Zip _____ Country _____
Home Phone _____ Cell Phone _____

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

☐ Yes ☐ No (If yes, explain) _____

Prior Hospitalizations? ☐ Yes ☐ No (If yes, explain) _____

List name and address of attending physician for these conditions

Family Physician _____
Phone _____
Address _____
Height _____ ft. _____ in. Weight _____ lbs.

Immunizations Last dates received
Tetanus (within 10 years) _____
Polio (5 years through age 19) _____
Others (describe) _____

List any prescriptions you take, if any _____

List non-prescription (illegal) drugs previously used _____

Parent's Signature (if dependent) _____

Student's Signature _____

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 education within the Christian framework. Our education, philosophy and purpose is best typified by the vision of Applied Life Leaders Academy. Our vision is to be an institution of Christian higher education at its best. We understand this to mean building a quality program which will enable each member of the campus community to become stronger in body, mind and spirit; to experience what it means to love God and "neighbor"; to purposefully adopt a lifestyle of servitude, striving to produce doers of the Word, not hearers only.

Applied Life Leaders Academy takes seriously its part of the responsibility for your education and is committed to providing the following:

- An opportunity to change
- A stimulating educational environment
- An environment to aid each student in their growth and walk with God
- Assistance in finding the direction for your life (knowing God's will for you)
- An interdependence in the Body of Christ whose foundation is Biblical authority

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 position of the educational responsibility seriously. We prize 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 distinctive lifestyle and experience, Applied Life 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 the institution.

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

If admitted to Applied Life Leaders Academy, I will

1. earnestly seek to grow intellectually and spiritually,
2. strive to uphold in both spirit and letter the standards of Applied Life Leaders Academy and
3. work to make a positive contribution to the Applied Life 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 Applied Life Leaders Academy. (All 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 colleges/universities 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 _____



THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name _____
Last First Middle

SSN _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell 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 student named on this form has made application for admission to Applied Life Leaders Academy. 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 in our interview with them. 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 reference 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 email the completed form to admissions@appliedlife.com.

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



THIS SECTION TO BE COMPLETED BY THE MINISTER

Minister's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

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

Very Well

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 _____ Church _____



THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name _____
Last First Middle

SSN _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____

I waive my right to see this and other reference forms and I agree that this recommendation 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



**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