**CMLA-Logo-Black.tif**

**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:**

Christian Ministries Leaders Academy

802 Riley Drive

Billings, MO 65610

**ALL APPLICANTS**

First, spend time praying and asking God for direction,

“Is this where you want me, Lord?”

**The Checklist:**

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 soon after 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 Christian Ministries Leaders Academy community?

**CMLA APPLICATION**

|  |
| --- |
| **Picture Must Be**  **Included to Process**  **Application** |

**Write N/A where not applicable**

Year you wish to begin study: 20\_\_\_\_

**HOUSING POLICY**

All students must reside in academy housing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ❍ Visitor ❍ Dependent

Is English your primary language? ❍ Yes ❍ No If no, what is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s) with whom you reside \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FAMILY HISTORY** | | | | | |
|  | Age | State of Health | Occupation | Age at  Death | Cause of Death |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Brothers |  |  |  |  |  |
| Sisters |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

❍ Yes ❍ No If yes, explain:

Prior Hospitalization? ❍ Yes ❍ No If yes, explain:

|  |  |  |
| --- | --- | --- |
| **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 |  |  |

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 (age 5 - age19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any prescriptions you take, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List non-prescription (illegal) drugs previously used

Parent’s Signature (if dependent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Christian Ministries 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 Christian Ministries 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.

Christian Ministries 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, or any other mishap of personal detrimental nature on or off campus.

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, Christian Ministries 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 Leaders Academy is corporate worship and fellowship. Therefore, chapel and church attendance is required.

If admitted to Christian Ministries Leaders Academy, I will

1. earnestly seek to grow intellectually and spiritually,
2. strive to uphold in both spirit and letter the standards of Leaders Academy and
3. work to make a positive contribution to the Leaders Academy community.

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

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

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

Why do you desire to attend Christian Ministries Leaders Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you first hear about Christian Ministries Leaders Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other colleges/universities to which you have applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted, pleaded 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 Christian Ministries Leaders Academy, agree to abide by the Code of Honor Pledge.

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

**MINISTER’S RECOMMENDATION**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home 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 applicant may see the recommendation, 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 Christian Ministries 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 scan and email the completed form to [ashlyne4@gmail.com](mailto:ashlyne4@gmail.com).

Sincerely,

Christian Ministries Staff

**Return This Completed Form To:**

Christian Ministries Leaders Academy

802 Riley Drive

Billings, MO 65610

Phone: 417-369-0445

**This Section To Be Completed By The Minister**

Minister’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name and Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Emotional Stability

Peer Relationship

Spiritual Maturity

Moral Integrity

Intelligence

Social Readiness

As the referent, how would you recommend the applicant: ❍ Without Reservation ❍ Strongly ❍ With Reservations

❍ Not Recommended ❍ I Prefer Further Discussion ❍ Please Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHARACTER REFERENCE**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home 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 waive 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doest 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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is this applicant appropriate in his or her response to parental authority, school authority, or pastoral authority?

❍ Yes ❍ No ❍ Don’t Know (If no, please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you consider the applicant’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you consider the applicant’s weaknesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your estimate of the applicant’s potential for success in a church intership?

❍ 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

As the referent, how would you recommend the applicant?

❍ Enthusiastically Recommend ❍ Do not recommend for Leaders Academy

❍ Recommend with Reservations ❍ Prefer not to make any recommendation

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we contact you if necessary? ❍ Yes ❍ No

Thank you very much!

Christian Ministries Leaders Academy Staff

**Return This Completed Form To:**

Christian Ministries Leaders Academy

802 Riley Drive

Billings, MO 65610

Phone: 417-369-0445