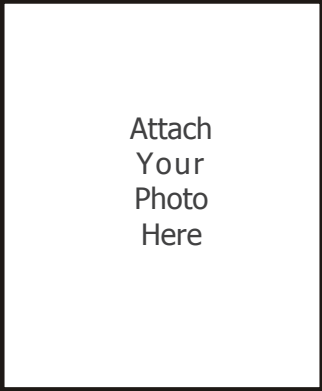




EDUCATING FOR ETERNITY

# Application

Thank you for your interest in SOULS-West. Before you start writing this application, please read the SOULS-West Bulletin. Prayerfully consider the purposes of this school and the commitments that will be expected of you if you are accepted as a student. Thoughtfully read each question, and then answer as accurately as possible.



Please Write Clearly

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State/Zip

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not a U.S. Citizen, please check the appropriate box:

Student Visa  Permanent Res.  Other (Visa): \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated # of Children: \_\_\_\_\_

Ethnic Group:  African/American  Hispanic  Caucasian  American Indian/Alaskan  
 Asian/Pacific Isl.  Other: \_\_\_\_\_

### Educational History

Last School Attended: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

High School Address: \_\_\_\_\_  
Street City State/Zip

High School Type:  Public  SDA Christian  Non-Christian  Private

Date of Graduation: \_\_\_\_\_ If GED Diploma, Issuing State: \_\_\_\_\_ Date: \_\_\_\_\_

### Automobile Information

Do you have a car for you ministry?  Yes  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Family Information**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Highest Educational Degree: \_\_\_\_\_ Highest Educational Degree: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status:  Married  Widowed  Divorced  Remarried  Separated  
Marital Status:  Married  Widowed  Divorced  Remarried  Separated

Where do you live?:  With Parents  With Legal Guardian  Independent

Parent(s) or Guardian(s) Name and Title (for mailing): \_\_\_\_\_

Parent(s) or Guardian(s) Address: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Business Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Personal Evaluation**

Please list favorite hobbies or pastimes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list favorite music groups or styles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any personal evangelistic experience you have previously done. Include the nature of the work, where it was done, and the duration of the effort. (Add additional pages if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOULS-West is founded on the premise that Ellen G. White was a recipient of the gift of prophecy, and that her counsels are excellent guides and authoritative for Seventh-Day Adventists today. Please respond to this statement. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



|  |  |
|--|--|
| <input type="checkbox"/> <b>Application:</b>           | <p>Accurately fill in all pertinent lines, and then sign the application. Keep this checklist and mail the three page application form and fee to:</p> <p style="text-align: center;">SOULS-West<br/>P.O. Box 10036<br/>Prescott, AZ 86304</p> |
| <input type="checkbox"/> <b>\$25 Application Fee:</b>  | <p>Enclose fee by check or money order (U.S. Currency only) payable to: SOULS-West.</p>  |
| <input type="checkbox"/> <b>Official Transcripts</b>   | <p>Please include official transcripts from all high schools and colleges or universities attended. GED scores must be provided. No diplomas please.</p>   |
| <input type="checkbox"/> <b>References</b>             | <p>At least two individuals, who know the applicant and are not relatives, must complete a recommendation form and mail it directly to the above address.</p>  |
| <input type="checkbox"/> <b>International Students</b> | <p>An I-20 form will be issued to an international student after all official transcripts have been received and satisfactory financial arrangements have been made with the financial department.</p>   |
| <input type="checkbox"/> <b>Call 480.283.3212</b>      | <p>If you have questions about this application or any other aspect about SOULS-West, the person on the other end of this line will be glad to help you.</p>   |

**References**

- Principle    Dean    Pastor/Bible Teacher    Teacher/Work Supervisor    Guidance Counselor
- Other: \_\_\_\_\_

**Part One: To be completed by Applicant**

- Please Print -

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part Two: To be completed by Appraiser**

**This reference is not be filled out in the presence of the applicant, nor is it to be inspected by the applicant prior to being sent to us. All information entered here will be held in strict confidence by the admissions committee.**

The above student is applying for admission to SOULS - West, a leadership school for evangelistic outreach. We value your comments and ask that you give a full and candid report so that fair consideration may be given the applicant. We therefore ask for careful ratings and comments about the applicant’s character and ability. An incomplete or incorrect report may lessen the student’s chances of admission or success in the program.

| Please circle appropriate description. | Excellent | Good | Average |   | Low | Lacking |
|--|-----------|------|---------|---|-----|---------|
| Self Motivation                        | 5         | 4    | 3       | 2 | 1   | 0       |
| Intellectual Ability                   | 5         | 4    | 3       | 2 | 1   | 0       |
| Attitude Toward Authority              | 5         | 4    | 3       | 2 | 1   | 0       |
| Works Well With Others                 | 5         | 4    | 3       | 2 | 1   | 0       |
| Emotional Maturity                     | 5         | 4    | 3       | 2 | 1   | 0       |
| Consecration and Commitment            | 5         | 4    | 3       | 2 | 1   | 0       |
| Work Ethic                             | 5         | 4    | 3       | 2 | 1   | 0       |
| Soundness of Financial Responsibility  | 5         | 4    | 3       | 2 | 1   | 0       |
| Communications Skills                  | 5         | 4    | 3       | 2 | 1   | 0       |
| Physical Health                        | 5         | 4    | 3       | 2 | 1   | 0       |

This school is founded with the intention of forwarding the gospel commission by the promotion of active personal ministries of the Seventh-Day Adventist church. With this in mind, please mark one of the following:

- I **DO (without reservations)** recommend this applicant.
- I **DO (with reservations)** recommend this applicant.
- I Do **NOT** recommend this applicant.
- I Do **NOT** know enough about this applicant to make a recommendation.

Please add any additional comments you feel would aid us in making a wise decision on the reverse side.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_



**References**

- Principle  Dean  Pastor/Bible Teacher  Teacher/Work Supervisor  Guidance Counselor
- Other: \_\_\_\_\_

**Part One: To be completed by Applicant**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

