

Family of Faith College Enrollment Application

ADVANCE Program

Family of Faith College and those persons acting in official capacities on behalf of the college will not discriminate in hiring practices, enrollment procedures, or administrative policies against any person on the basis of race, color, national origin, sex, or physical disability.

PLEASE TYPE OR PRINT ALL INFORMATION

Legal Name _____ Male Female
Last First Middle

Usually Called _____ Birth Date _____ Social Security No. _____
Month / Day / Year

Mailing Address _____
Number and Street Apt. # City State Zip Code

Home Phone _____ E-Mail Address _____

Work Phone _____ Maiden Name _____

Cell Phone _____ Spouse's Name _____

Citizenship USA Other _____ Visa Status _____

Race

- White / Caucasian
- Black
- Oriental
- Hispanic
- Native American
- East Indian
- Other _____

Current Marital Status (Check All That Apply)

- Never Married
- Married
- Widow / Widower
- Separated* *Please send a letter of explanation with your application.
- Divorced*
- Remarried*
- Single Parent*

Choice of Major

- Leadership and Ministry
- Management and Ethics

Registration date choices

First Choice _____

Second Choice _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Phone Number _____

CHURCH MEMBERSHIP

Are you a professing Christian? _____

Which church do you regularly attend?

Church Name _____ City _____ State _____

Pastor's name _____ Pastor's Phone Number _____

ADMISSIONS ESSAY: BIOGRAPHICAL SKETCH & LIFE GOALS

Please attach to this application at least a 300 word essay in which you type or print neatly a brief biographical sketch and details concerning the following:

- what you perceive as your goals for your life as you now understand them; and
- the expectations you have for enrolling at Family of Faith College.

EDUCATIONAL INFORMATION

Please list all colleges and/or universities you have attended. If more than three institutions have been attended, submit additional school information on a separate sheet. If you plan to transfer credits from another college/university, you must have an official copy of your transcript/school record on file at Family of Faith College before the Registrar's Office can evaluate any credits for possible transfer. It is your responsibility to request the institution to send an official transcript directly to Family of Faith College.

Name of College/University	Dates Attended	Degree Received	Hours of Credit
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Mailing Address	City	State/Country	Zip Code
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Please list your work experience:

Who and/or what influenced your decision to apply to Family of Faith College?

CONFIDENTIAL: Check appropriate box:

yes* no

- Have you any significant physical impairment?
- Have you ever used illegal or dangerous drugs?
- Do you in any way use alcoholic beverages?
- Do you use tobacco in any form?
- Were you ever expelled, dropped, or suspended by any school or college?
- Are you now, or have you ever been, under the supervision of a parole officer or court?
- Have you ever been arrested for any reason other than a minor traffic violation?
- Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a psychologist?

*If the answer is affirmative, please give complete details on a separate sheet of paper. An explanation may also be needed from the doctor, principal, court, or parole officer. Family of Faith College requires each student to observe its Statement of Faith and College Covenant.

SIGNATURE

I certify that the information given on this application is complete and accurate. I have read and understand the Family of Faith College Statement of Faith (page 3). I pledge to respect the Family of Faith College's doctrinal position while I am enrolled as a student. If I am admitted as a student at Family of Faith College, I agree to comply with the college's academic and behavioral standards.

Applicant Signature

Date

**All enrollment documents and procedures must be completed prior to being considered for approval.
Mail to: ADVANCE Program Family of Faith College, P.O. Box 1805, Shawnee, OK 74802-1805**

Family of Faith College
ADVANCE Program
Applicant's Pastoral Recommendation

Family of Faith College and those persons acting in official capacities on behalf of the college will not discriminate in hiring practices, enrollment procedures, or administrative policies against any person on the basis of race, color, national origin, sex, or physical disability.

Instructions to Applicant: Please complete the first section of this recommendation and then give it to your pastor. If the pastor is a relative, please give this form to another minister, elder, or leader in your church. It is suggested that you provide the pastor with a stamped envelope addressed to Family of Faith College. No action will be taken on your application until this form is received.

Applicant's Name (Please Print)

Address

City, State, Postal Code

I am authorizing the release of the following information to be considered in my application for admission to Family of Faith College. I understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that the person completing the information below will mail this questionnaire directly to Family of Faith College.

Applicant Signature

Instructions to Pastor: The remainder of this form is to be completed by you, the pastor of the applicant. Family of Faith College greatly respects and values the continued covering and oversight given by pastors who send church members for training at our college. In order to make an intelligent and prayerful selection of students, we need to learn something about this applicant's abilities and needs before he/she comes to Family of Faith College. Feel free to answer all questions frankly. This information will be held in strict confidence by the college and will not be made available to the applicant. Any additional comments that you may have are appreciated and may be attached to this form. This person's application cannot be further processed until we hear from you. Thank you for your assistance and your promptness. Please mail the completed form to:

ADVANCE Program, Family of Faith College, P.O. Box 1805, Shawnee, OK 74802-1805

1. What is your relationship with this person? _____
2. When did this person accept Jesus Christ as personal Savior? _____
3. Is this person maturing and growing in his/her faith? _____
4. Is the applicant active in the life of your church family? _____
5. Has the applicant held any leadership position in your church? If so, please describe.

(Please continue on other side)

6. Please comment on the motivating forces in the applicant's life.
7. Please comment on the applicant's character. List any outstanding character traits or extremes in this person's life (e.g. boldness, shyness, trustworthiness, faithfulness, lack of diligence).
8. Has this person ever had to deal with an issue such as drug or alcohol abuse, marriage problems, mental problems, illegal behavior, immoral behavior, or family problems? If so, has the problem been overcome, or does the applicant still need further counsel?
9. Do you know any reason why this person would not be suitable to attend Family of Faith College? If yes, please state why.
10. Would you like us to phone you to discuss any of your answers? _____

Name (please print)

Signature

Church Name

Position

City, State, Zip Code

Telephone Number

Thank you for your time and assistance!

Family of Faith College
ADVANCE Program
Applicant's Professional Recommendation

Family of Faith College and those persons acting in official capacities on behalf of the college, will not discriminate in hiring practices, enrollment procedures, or administrative policies against any person on the basis of race, color, national origin, sex, or physical disability.

Instructions to Applicant: Please complete the first section of this recommendation and then give it to someone with whom you have had a professional relationship such as an employer, supervisor, or instructor. This form should not be given to a relative. It is suggested that you provide this person with a stamped envelope addressed to Family of Faith College. No action will be taken on your application until this form is received.

Applicant's Name (Please Print)

Address

City, State, Postal Code

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Applicant Signature

Instructions to the Employer, Supervisor, or Instructor of the Applicant: In order to make an intelligent and prayerful selection of students, we need to learn something about this applicant's abilities and needs before he/she comes to Family of Faith College. Feel free to answer all questions frankly. This information will be held in strict confidence by the college and will not be made available to the applicant. Any additional comments that you may have are appreciated and may be attached to this form. This person's application cannot be further processed until we hear from you. Thank you for your assistance and your promptness. Please mail the completed form to: **ADVANCE Program, Family of Faith College, P.O. Box 1805, Shawnee, OK 74802.**

1. What is your relationship with this person?

2. Do you believe that this person will be able to complete college studies successfully? _____
If no, please state why.

(Please continue on other side)

3. Is there any reason why this person should take less than a full-time academic load? If so, please explain. (Please note that in this adult program a student will attend class one night a week and each week will need to engage in approximately 12 hours of study outside the classroom each week.)

4. Please comment on the applicant's character. List any outstanding character traits or extremes in this person's life (i.e. boldness, shyness, trustworthiness, faithfulness, lack of diligence).

5. Please comment on the motivating forces in the applicant's life.

6. Do you know of any reason why this person would not be suitable to attend Family of Faith College? If yes, please state why.

7. Would you like for us to phone you to discuss any of your answers? _____

Name (please print)

Signature

Church, Business, or School Name

Position

City, State, Zip Code

Telephone Number

Thank you for your time and assistance!

REQUEST FOR OFFICIAL TRANSCRIPT

TO THE REGISTRAR:

College/University _____

Address _____

City/State/Zip _____

Please send official transcript to:

ADVANCE Program, Family of Faith College, P.O. Box 1805, Shawnee, OK 74802-1805;

Phone: (405) 273-7700; Fax: (405) 273-7719.

STUDENT INFORMATION:

I was registered under the following name(s): _____

Address _____ Social Security # _____

City _____ State _____ Zip _____

Telephone _____ I was a student from (M/Y): _____ to (M/Y) _____

I hereby authorize the release of my transcript and any other pertinent personal information.

Signature: _____ Date: _____

NOTE: *You must include the required fee to have the transcript sent. You are advised to check with the registrar's office at the college or university to inquire about this fee. Attach a check for this amount to this Request Form.*

REQUEST FOR OFFICIAL TRANSCRIPT

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College/University _____

Address _____

City/State/Zip _____

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Family of Faith College
***ADVANCE* Program**
CREDIT BY DEMONSTRATED COMPETENCY (CDC) WORKSHEET

Student Name: _____

One aspect of the ***ADVANCE*** Program admission process is a meeting with a staff member in the Program to discuss the contents of this worksheet. The purpose of the session is to obtain an estimate of the number of hours you might earn from previous learning through the CDC process. You are exempt from filling out this form if you have 74 semester hours of college credit to apply toward graduation and have met all General Education requirements applicable to this major.

CDC credit must:

- Be documented learning, not just experience or exposure,
- Be college-level learning,
- Not have resulted in any other college credit.

The purpose of this sheet is to help you remember the learning experiences you have had outside the college classroom. List everything that comes to mind. It will be used as an interview guide when you meet with the ***ADVANCE*** staff. Bring this form with you to the interview.

1. Learning from work situations and training:

2. Learning from seminars, professional licenses and/or workshops:

3. Learning from military schools or service club involvement:

Learning from church related ministry and community involvement:

5. Learning from travel, hobbies, and sports:

6. Learning not covered in above categories :

Student Signature

Date

TO BE FILLED OUT BY *ADVANCE* STAFF

Procedure to be followed:

The estimate of _____ semester hours is **not binding** and could increase or decrease based on the amount and quality of documentation and writing that the student submits.

ADVANCE Staff Signature

Date