



**Application for Admission**

**2008 - 2009**

**Application checklist:**

1. Review, complete and return this application, answering all questions as thoroughly as possible.
2. A \$25.00 application fee must accompany this application. (Check, money order, cash or Visa/MC)
3. Include a recent photograph of yourself.
4. Application deadline for fall enrollment is August 25, 2008.

**Filling out this form does not obligate you in any way, nor does it imply your acceptance as a student. Answer each question carefully, avoiding indefinite statements. All information will be regarded as confidential. You will be notified by mail of action taken upon your request.**

<b>Faith Alive School of Ministry</b> P.O. Box 20038 Reno, NV 89515-0038 <b>Tel:</b> 775-331-5024 <b>Fax:</b> 775-324-5027 <b>Toll Free:</b> 800-214-1332 <b>Web:</b> www.fasom.org <b>Email:</b> fasom@faithalive.net	<h2 style="margin: 0;">Application for Admission</h2>	
School year(s) for which you are applying: ⇨	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

**Personal Information:**

Name:	Last	First	Middle	Other Name(s) Used: ↑	
Present Address:	Number and Street		City	State	Zip
Telephone (day)	(    )	—	Are you a member of Faith Alive Christian Center? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If not, please write in the name and contact information of your church and pastor below:</b>		
Telephone (evening)	(    )	—			
Telephone (work)	(    )	—			
E-Mail Address	@				
Social Security #	—	—			
Other:	Race (Hispanic, Black, White, Asian etc.)		Marital Status (if divorced or separated, please include a letter of explanation)		

**Education: (List in reverse chronological order)**

Name of Institution	Location City/State	Diploma Degree Received	Major	Total Units Completed	
				Semester	Quarter
Total number of semester/quarter units completed after receipt of bachelor's degree					
Total number of semester/quarter units earned after master's degree					

**Other Professional Credentials, Certificates, Ordinations and/or Ministerial Licenses:**

Type Presently Held	ID Number/Organization	Expiration Date

**Personal References:** List persons who are not relatives that you have known for more than five years.

Name		Name	
Position		Position	
Company/Organization		Company/Organization	
Street Address		Street Address	
City / State / Zip		City / State / Zip	
Telephone	( ) -	Telephone	( ) -
Name		Name	
Position		Position	
Company/Organization		Company/Organization	
Street Address		Street Address	
City / State / Zip		City / State / Zip	
Telephone	( ) -	Telephone	( ) -

**Foreign Languages**

Speak		Write	
Read		Fluency	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

**List any professional trade, business, volunteer or civic activities and offices held.**

Organization	
Activities	
Organization	
Activities	
Organization	
Activities	
Organization	
Activities	

**Provide any additional data in the blank below that will assist us in the evaluation of your application. Include any past church/ministry experience (youth, ushering, helps, choir, etc.).**

<b>General Information:</b> <i>All information given will remain completely confidential.</i>		<b>Yes</b>	<b>No</b>
• Are you born again? (Date: )		<input type="checkbox"/>	<input type="checkbox"/>
• Have you been baptized in the Holy Ghost with the evidence of speaking in other tongues according to Acts 2:4? (Date: )		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been arrested for anything other than a minor traffic violation? <b>If "yes" explain below.*</b>		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct? <b>If "yes" explain below.*</b>		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever used tobacco in any form?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever used alcoholic beverages?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever used illegal or illicit drugs?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever engaged in homosexuality or lesbianism? <b>If "yes", explain below*, and state current position on this "lifestyle".</b>		<input type="checkbox"/>	<input type="checkbox"/>
• Were you ever expelled, dropped, or suspended by any school of college?		<input type="checkbox"/>	<input type="checkbox"/>
• Are you or have you ever been under the supervision of a parole officer or court?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been treated for any nervous, mental, or emotional disorder?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever seen a psychologist or counselor for any mental health related issues?		<input type="checkbox"/>	<input type="checkbox"/>
<b>*Remarks/Explanations:</b> (Add additional pages as needed. Any yes answers <u>will not</u> automatically preclude you from enrollment consideration.)			
<b>To what type of ministry do you believe you are called?</b>			
<b>How do you plan to finance your tuition?</b> <i>NOTE: We are not looking for "faith statements".</i>		<b>Pay in full</b> <input type="checkbox"/> <b>Monthly payments</b> <input type="checkbox"/> <b>Visa/MC</b> (available at FASOM) <input type="checkbox"/>	

**Certification and Agreement of Applicant:** *Please read carefully before signing.*

This application and all supporting documents become the property of Faith Alive School of Ministry to which I have applied and will not be returned.

**Certification:** I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my dismissal from Faith Alive School of Ministry to which I have applied.

I authorize FASOM to investigate my references, education, performance evaluations or any other matters relating to my suitability for enrollment. I authorize and direct my former or current educational institutions to release to FASOM any information they may have concerning my education. I release the parties listed above from any and all liability related to this process of supplying or gathering any information about my suitability for enrollment.

I also understand that an incomplete application may delay or prevent enrollment opportunities with FASOM. I hereby release the Colleges/Schools checked on page 1, as well as those contacted by the Colleges/Schools from any liability or damage which may result from providing or using the information requested.

Today's Date→	
Print your Name→	
*Applicant's Signature→	
President's Signature→	
Dean's Signature→	
<i>*Original signature is required on application submitted to FASOM.</i>	