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Affix a recent
 photo of
 yourself
 here.

For office use only.
 Date Application Received _____
 Date \$35.00 Fee Received _____
 Date Application Processed _____
 Date Accepted/Rejected _____

APPLICATION FOR ADMISSION

Print or type all information

Desired entrance date: August 20__
 January 20__

PERSONAL DATA

Name _____
Last - Surname First - Given Middle

Telephone (____) _____ E-mail Address _____

Current Address _____

_____ City State Zip/Postal Code

Age ____ Date of Birth ____/____/____ Place of Birth _____
MM DD YY

Height ____ Weight ____ Male Female Social Security Number _____

Country of Citizenship _____ US Immigration Status _____

Certain limitations and conditions may apply in the admission of persons who have been divorced. Criteria will be determined by the administration. Please check your marital status:

- Single Engaged Married Separated
 Divorced Remarried after being divorced Widowed Remarried after being widowed

FAMILY DATA

The information below is for: Parent(s) Guardian(s) Spouse None, I'm single and independent

_____ Father or Husband Mother or Wife

_____ His Address Her Address

_____ His City, State, Zip Her City, State, Zip

(____) _____ His Phone Her Phone

_____ His Occupation Her Occupation

_____ Employer Employer

Is he born again? Yes No Is she born again Yes No

Was your spouse married before? Yes No If yes, state cause of dissolution _____

Is your spouse in agreement with your decision to attend Faith? Yes No

Is your spouse planning to attend Faith? Yes No

Please list the age and gender of your child(ren) Age ____ Sex ____ Age ____ Sex ____ Age ____ Sex ____ Age ____ Sex ____

CHRISTIAN EXPERIENCE

How long have you been a born-again Christian? _____

Have you backslidden since being converted? Yes No If yes, please give brief details in your personal essay.
If above answer is yes, give date when you recommitted your life to Christ _____

Have you been baptized in the Holy Spirit in accordance with Acts 2:4? Yes No If yes, give date _____
If no, are you earnestly seeking? Yes No

Have you been baptized in water by immersion? Yes No If yes, give date _____

Give the name of the church you currently attend _____

Church Address _____

Pastor's Name _____ Telephone (____) _____

Are you currently a member of this church? Yes No
Do you regularly attend Sunday School? Yes No Midweek Service? Yes No
Have you spoken with your pastor about your desire/plan to attend Bible school? Yes No

What types of ministry have you been involved with _____

Do you have any vocal/instrumental talent? Yes No If yes, what part/instrument _____

BACKGROUND

Have you ever been involved in any of the following?

	Yes	No	Last date of use		Yes	No	Last date of use
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	_____	Drugs*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gambling	<input type="checkbox"/>	<input type="checkbox"/>	_____

*If drugs, note type used and duration of use? _____

Have you ever been placed under court sentence, have you been on probation, or do you have a court record? Yes No
If yes, please explain _____

MILITARY DATA

Have you ever served in the U.S. Armed Forces? Yes No List branch of service _____

Are you eligible for educational benefits as a veteran? Yes No

Are you eligible for educational benefits as a war orphan? Yes No

HEALTH DATA

Are you in good health? Yes No If no, please explain _____

Do you follow a special diet? Yes No If yes, describe _____

Do you have any handicap or any chronic/recurring condition which might interfere with your studies? Yes No
If yes, please explain _____

Have you had or are you suffering now from any of the following

- Tuberculosis Diabetes Epilepsy Allergies, to what _____
- Heart trouble HIV Other serious illness, name _____

Have you ever been treated by a psychiatrist or psychologist?

If yes, please explain _____ Give date of treatment _____

In a doctor's office? Yes No In a hospital? Yes No

Name of family physician _____ Telephone (____) _____

Physician's address _____

PLEASE HAVE YOUR PHYSICIAN COMPLETE & RETURN THE ACCOMPANYING MEDICAL FORM, ALONG WITH A PHOTOCOPY OF YOUR IMMUNIZATION RECORD.

SCHOLASTIC & VOCATIONAL DATA

State the last year of high school that you successfully completed:

Below 9th 9th 10th 11th 12th GED

If you are still in high school, please give the expected date of your graduation _____

Please list below the name and address of the high school you are currently attending or graduated from:

School Name _____

Address _____ Telephone (____) _____

City

State

Zip/Postal Code

Have you ever applied to or previously attended *Faith*? Yes No Date applied/attended _____

Please list below the requested information concerning all colleges or other post-secondary institutions you have attended:

School	Address	Phone	Dates	Degree

Have you ever been dismissed, suspended, or asked to withdraw from any school? Yes No

If yes, please explain the reasons and circumstances on a separate sheet of paper.

Have you ever been refused admission to any school? Yes No If yes, state school(s) and reason(s) _____

Have you ever been warned about or placed on academic probation for low grades? Yes No

If yes, list name, address, and telephone number of school(s) _____

What type(s) of vocational experience do you have? _____

Please give the name, address, and telephone number of your most recent employer:

Employer Name _____

Address _____ Telephone (____) _____

City

State

Zip/Postal Code

FINANCIAL STATUS

Are you familiar with the student's financial responsibility as outlined in the school catalog? Yes No

Do you have any current debt? Yes No If yes, state amount \$ _____

Please give a brief explanation _____

Is anyone dependent upon you for financial support? Yes No If yes, who, and to what extent? _____

How are you planning to finance your education at *Faith*? _____

State the amount of funds you will have available to meet your school expenses at registration time \$ _____

Do you plan to live on campus? Yes No

PLEASE BE SURE TO REVIEW ALL AREAS OF THE APPLICATION THAT APPLY AND COMPLETE THEM BEFORE MAILING ALONG WITH YOUR NON-REFUNDABLE \$10.00 APPLICATION FEE.

I subscribe to live a morally pure life, refraining from dishonesty, sexual impurity, substance abuse, and other unbiblical practices. I understand that *Faith* reserves the right to deny or revoke the admission of any candidate whose behavior or life-style is inconsistent with biblical principles or with the ministry standards of the *Faith* community. I certify that my answers to all questions in the application process are complete and accurate. If accepted, I agree to consider myself under the authority of the administration of *Faith*.

Signature

Date