

## PERSONAL STATEMENTS

### CRIMINAL

Have you ever been on or are you currently on probation?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation?  Yes  No

Have you ever been accused, questioned, or investigated for spousal abuse?  Yes  No

*If you have answered yes to any of these questions, please provide details on a separate sheet.*

### HEALTH

Please rate your general health:  Excellent  Good  Fair  Poor

Are you currently being treated for a major illness?  Yes  No

Do you have any food or drug allergies?  Yes  No

Have you ever had a nervous breakdown?  Yes  No

Have you ever been treated for an emotional disorder?  Yes  No

Do you have any disabilities that would require special accommodation?  Yes  No

Are you currently on any medication?  Yes  No

*If you have answered yes to any of these questions, please provide details on a separate sheet.*

## MEDICAL CONSENT

I, the undersigned, do hereby grant full permission to Elevate Leadership College or any related or consulting physician to render any emergency medical aid, care or treatment that they deem necessary. I also understand that should extended hospitalization be required, I grant complete permission for such care and treatment to be given. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation to and effect upon me.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

## STATEMENT OF TRUTH

I hereby apply to Elevate Leadership College and certify that to the best of my knowledge any information given in this application is correct. If I am admitted I agree to abide by the regulations and standards of Elevate Leadership College. I understand that all items submitted to Elevate Leadership College, as part of this application process becomes the permanent property of Elevate Leadership College and will not be returned. If Elevate Leadership College is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

**ELEVATE** LEADERSHIP  
COLLEGE

8500 Teel Parkway, Frisco, TX, 75034  
Phone: 214- 387-9833 • Fax: 214-387-9568  
college.elevatelife.com

**ELEVATE** LEADERSHIP  
COLLEGE

## Application for Admission

### Admissions

8500 Teel Parkway, Frisco, TX, 75034  
Phone: 214- 387-9833 • Fax: 214-387-9568

## INSTRUCTIONS (please note: your application will be returned if submitted incomplete)

1. Please print in ink (use blue or black ink only).
2. Submit application with \$25 non-refundable application fee.
3. Please attach a 2 1/2" W x 3" H head and shoulder photograph.

How did you hear about Elevate Leadership College?

- Website  Friend, Name: \_\_\_\_\_  
 Church Announcement  Family Member, Name: \_\_\_\_\_  
 Flyer  Student, Name: \_\_\_\_\_  
 Other: \_\_\_\_\_

## BIOGRAPHICAL INFORMATION

Please print or type your full legal name

Name: \_\_\_\_\_  
First Middle Last (Maiden)

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Gender: M F (Circle) Date Of Birth (mo/day/yr): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
City State Nation

## MARITAL STATUS

Engaged  Married  Remarried  Divorced  Widowed  Separated  Single

Name of spouse or fiancé (First, Middle, Last) \_\_\_\_\_ Date of marriage (present or proposed) \_\_\_\_\_

Yes  No Is your spouse or fiancé saved and filled with the Holy Spirit?

Yes  No Is your spouse or fiancé in agreement with your decision to attend Elevate Leadership College?

### CONSENT OF SPOUSE

I, the undersigned, am in full agreement for my spouse to attend Elevate Leadership College.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHURCH AFFILIATION

Name of the church you currently attend: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_

If you have attended less than one year, name of previous church: \_\_\_\_\_

Please state the reason you left the previous church: \_\_\_\_\_

\_\_\_\_\_

Are you a member? \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_ Are you serving? \_\_\_\_\_

List the ministries and church activities in which you are currently involved. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MINISTRY INFORMATION

How long have you been saved?

Less than a year    1-5 years    6-10 years    11-15 years    16-20 years    >20 years

Briefly explain your ministry goals and how you feel Elevate Leadership College can prepare you.

\_\_\_\_\_

\_\_\_\_\_

Identify the area(s) of ministry to which you feel God has called you:

Creative Arts    Worship    Office Admin.    Ministry

What spiritual gifts have been identified or confirmed in your life? \_\_\_\_\_

Why you want to be a part of elevate leadership college? \_\_\_\_\_

\_\_\_\_\_

What do you feel that your talents are? \_\_\_\_\_

\_\_\_\_\_

What you want out of your 2 years at Elevate Leadership College? \_\_\_\_\_

\_\_\_\_\_

What do you feel called to do? How do you feel you will use your degree? \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

Please list two people other than family members who have known you for a year or more. (We may contact them for additional information)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

## EDUCATIONAL HISTORY

High School or GED School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Address: \_\_\_\_\_

Post Secondary Schools (List in order of attendance)

College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your employment history for the past 10 years beginning with your current employer.

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From/To Dates: \_\_\_\_\_

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## FINANCIAL INFORMATION

Are there any circumstances that would cause you difficulty in paying your tuition? \_\_\_\_\_

\_\_\_\_\_

Sponsorship: (Complete it if you will be receiving support for school tuition from another person)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

100%    75%    50%    Other: \_\_\_\_\_

I hereby give authorization to Elevate Leadership College to provide the above name any academic and/or financial information related to my school records. \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_