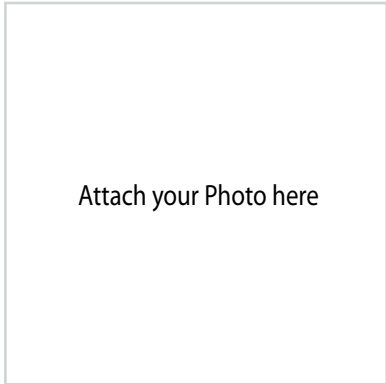


Application for Admission



Desired Entrance Date: Winter 20 _____ Spring 20 _____
 Summer 20 _____ Fall 20 _____

Please click the form fields and type in your info. Then mail it to the address on the last page.



(A) Personal Data

Date: _____

Name: _____ Age: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Home Phone #: () - _____ Work #: () - _____

Social Security Number: _____ Drivers License Number: _____

Ethnic Background: _____ Height: _____ Weight: _____

Marital Status: Married Single Divorced Separated Widowed

If married, give name of Spouse _____ Occupation: _____

Please explain about previous marriage(s) and give dates: _____

Number of Children: _____ Ages: ____/____/____/____/____/____/____/____/

Are you presently in a relationship with someone? Yes No

If yes, briefly explain: _____

(B) Health Information

Health: Good Fair Poor

Are you taking any prescription drugs? _____

If yes, please write down the name of the drug and what you are using it for: _____

Application for Admission



Any physical handicaps or health concerns? _____ If yes, please explain: _____

Have you ever been under treatment for any mental illness or emotional disturbance? Yes No

If yes, please explain: _____

Have you used tobacco, alcohol, or illegal drugs in the last six to 12 months? Yes No

If yes, when and please explain: _____

Our schedule is very rigorous and there is a lot of physical work that you may have to do.

Will you be physically able to handle it? Yes or No

If no, why? _____

(C) Education & Other Interests

List in chronological order, all high schools and colleges attended beginning with the most recent.

Name of School	Address	Dates Attended	Graduation Date

Highest grade completed: _____

GED: If not a high school graduate, do you have a GED diploma? Yes No

Any special training? (secular or ministry): _____

Do you speak English? Yes No All of our classes are only taught in English.

Will you be able to participate in an "English only" class? Yes No

If no, why not? _____

List any personal interests, hobbies, musical abilities, etc. : _____

List any ministry experience: _____

List any natural and spiritual abilities: _____

Application for Admission



(D) Employment

List the two most recent employments:

Employer: _____	Date Began: _____
Address: _____	Date Left: _____
Immediate Supervisor: _____	Phone #: _____
Employer: _____	Date Began: _____
Address: _____	Date Left: _____
Immediate Supervisor: _____	Phone #: _____

(E) Life Experience Inventory

Have you been in the Military Service? Yes No What Branch? _____

How Long? _____ Type of Discharge: _____

Have you ever been involved with a Teen Challenge Program in any way? Yes No

If yes, please explain (Student, Staff, etc): _____

Name and address of T. C. center: _____

Director's name: _____ Date Graduated: _____

Which Teen Challenge Induction Center did you go through and when? _____

Have you ever been dismissed from a Teen Challenge program before? Yes No

If yes, which center and why? _____

Have you done an Internship with Teen Challenge? Yes No

If so, when and where? _____

Have you done Restoration in Teen Challenge? Yes No

If so, when and where? _____

If you did not attend a Teen Challenge program, did you attend any other drug and alcohol programs? If yes, please give name and address of program, dates you attended and if you completed it

Have you ever been dismissed from a school or college for academic or disciplinary reasons? Yes No

If yes, why? _____

Are you currently on probation or parole? Yes No

If yes, please explain the conditions of your probation/parole and when your probation or parole will be over.

Application for Admission



Please note that the following three (3) questions are of very personal nature.
You may speak privately with the Admissions Administrator about them if you so desire.
Your acceptance into TCMI will not be based on these answers.

Have you ever been convicted of a felony? Yes No If yes, please explain:

Have you ever been involved in homosexual activities? _____

Were you abused in anyway when you were a child meaning emotionally, physically, verbally,
and/or sexually, etc.? _____

(F) Family Information

Country of Citizenship (If International student): _____

Father's Name: _____ Living? Yes No

Address: _____ Phone #: _____

Do you have a relationship with him? Yes No Is he a Christian? Yes No

Mother's Name: _____ Living? Yes No

Address: _____ Phone #: _____

Do you have a relationship with her? Yes No Is she a Christian? Yes No

(G) Financial

Do you have any financial obligations? Yes No

If yes, please explain: _____

Will finances be a problem? Yes No

If yes, please explain: _____

Do you tithe on a regular basis? Yes No

(H) Religious Background

Church affiliation: _____

Church attending: _____ Pastor: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Have you accepted Christ as your personal Lord and Savior? Yes No

Date of Salvation: _____ Date baptized in water: _____

Have you been baptized in the Holy Spirit with the evidence of speaking in "tongues" as in Acts 2:4?

Yes No

Application for Admission



(I) References

Please give (3) three personal references to: 1. Pastor or Teen Challenge Staff 2. Employer (If you cannot give to employer then give to someone else like another Advisor/Counselor/Pastor 3. Friend (Have these people mail in the enclosed reference forms). This information is required and necessary for the processing of your application.

1. Name: _____ Years known: _____

Address: _____ City/State/Zip: _____

Phone #: _____

2. Name: _____ Years known: _____

Address: _____ City/State/Zip: _____

Phone #: _____

3. Name: _____ Years known: _____

Address: _____ City/State/Zip: _____

Phone #: _____

Note: In selecting people, who will complete your reference forms, please select those who can adequately answer all of the questions. For your employer choose a Teen Challenge staff member if you are in the program. If you are not, then choose someone that is able to fill this out from a Christian perspective. If you are doing an Internship, you may have your immediate supervisor fill out the Employee recommendation.

(J) Please share your views on each subject (Give scriptural support as needed; use a separate sheet of paper if necessary)

1. Music (Secular and Christian): _____

2. Christian Example (Lifestyle, etc): _____

3. The Holy Spirit (Trinity, Tongues, etc): _____

Application for Admission



4. Healing: _____

5. Second Coming: _____

6. Authority: _____

7. Submission: _____

8. Demon Activity: _____

9. Ministry: _____

10. The Tongue: _____

11. Eternal Security: _____

Application for Admission



(K) Statement of Purpose

When and how did Jesus become your personal Savior? _____

How are you currently cultivating your spiritual life and seeking to mature in Christ? _____

Why do you want to attend Teen Challenge Ministry Institute? _____

Do you feel you have a definite call to some kind of full time ministry and why? _____

How did you hear about Teen Challenge Ministry Institute? _____

Please list the last three books you have read: (Not books in the Bible)

1. _____

2. _____

3. _____

A \$25.00 application processing fee must accompany this application. Please send a clear photo with this application along with your personal testimony on a separate sheet of paper(s) and describe your present spiritual relationship with the Lord. Be sure to include what you feel has constituted your call into full-time ministry. We also require current California State Identification/Driver's license, a Social Security Card and a copy of your Birth Certificate. If you are coming from out of state, you will need to bring an original or state original birth certificate and current state ID. Please attach a copy of these items with your application and bring the originals with you if you are accepted. Without these items, we cannot process your application. If you have questions regarding any of these requirements, please feel free to contact us.

Sign: _____ Date: _____

We strongly recommend you do not e-mail this document because it contains your Social Security number and Driver License number.

Please return this application, all references and correspondence to: T.C.M.I Office of Admissions P.O. BOX 739 South Gate, CA 90280