



IONA Missions Student Application Form

Equipping, Envisioning, Empowering.

“When the light of truth for these last days came to the world in the proclamation of the three angels' messages, we were shown that a different order of things must be brought in.”

GCDB, Mar 6, 1899

“The plan of the schools we shall establish in these closing days of the work is to be of an entirely different order from those we have instituted in the past.”

RH, Feb 6, 1908

STUDENT APPLICATION FORM

(Please Print)

Today's Date:

PERSONAL

| | | | | | | | |
|-------------|-------|---------|---|---|--------------------|------|---|
| First Name: | Last: | Middle: | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Birth Date: / / | Age: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
|-------------|-------|---------|---|---|--------------------|------|---|

Your response to the following is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights laws. Check ONE:

- Black / African American
 Native American
 Asian / Pacific Islander
 Hispanic
 White / Caucasian
 Other / Unknown

| | | | |
|-------------------|-----------------------------------|------------------|--------------------|
| Country of Birth: | Country and State of Citizenship: | Native Language: | Social Security #: |
|-------------------|-----------------------------------|------------------|--------------------|

| | | |
|---|----------------|-----------------------------|
| Marital Status (circle one): Single / Married / Divorced / Separated / Widowed | Spouse's Name: | Spouse's Birth Date: / / |
|---|----------------|-----------------------------|

| | | |
|---|-------------------------|-----------------------|
| NON-US CITIZENS: please indicate your current visa status for the US: | Primary Phone: () | Other Phone: () |
|---|-------------------------|-----------------------|

| | | | |
|----------------------------|-------|--------|-----------|
| Street Address / P.O. Box: | City: | State: | Zip Code: |
|----------------------------|-------|--------|-----------|

| | | | | |
|---|-------------------|---|-------------------|----------------------|
| Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many? | Will any be accompanying you? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many? | What are their ages? |
|---|-------------------|---|-------------------|----------------------|

| | | |
|--|-------------------|----------------------|
| If yes, will any of them be accompanying you to classes? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many? | What are their ages? |
|--|-------------------|----------------------|

| | |
|---|---|
| Are you bringing a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, are you willing to have others carpool with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| | |
|--|--|
| List any foreign languages you speak fluently: | How many years have you studied in an English speaking school? |
|--|--|

Have you ever been convicted of a crime other than a traffic violation? If yes, please explain below.

- Yes No

Have you used alcohol, tobacco, or other mind-altering drugs? If yes, please explain below.

- Yes No

Describe yourself and your personality (outgoing, shy, leader, easy going, etc):

REFERENCES (please do not use relatives as reference. Suggestions – teacher, pastor, employer, manager, academy dean)

| | | | |
|----------|-------------|----------|--------|
| 1. Name: | Occupation: | Address: | Phone: |
| 2. Name: | Occupation: | Address: | Phone: |
| 2. Name: | Occupation: | Address: | Phone: |

EDUCATION

(List most recent first)

| | | |
|---------|---------|-------|
| School: | Degree: | Date: |
|---------|---------|-------|

Have you ever been dismissed from any educational institution? If yes, please briefly explain

Yes No

WORK EXPERIENCE

(List most recent first)

| | | |
|-----------|---|--------|
| Position: | Employer: (name, and address if possible) | Dates: |
|-----------|---|--------|

Are you currently employed?

Yes No

Please give employer name and phone number

What skills do you have at least ONE or more years experience in?

SPIRITUAL

| | | | |
|--------------------|------------------|-----------------------------|-------------------|
| Local Church: | Church Phone #: | Church Pastor: | Pastor's Phone #: |
| Church Membership: | Date of Baptism: | Name of Officiating Pastor: | Denomination: |

Describe your relationship with Jesus:

How often do you do your personal devotions?

Daily Sometimes Never

Please describe your familiarity with the Bible and the Spirit of Prophecy:

How has studying the Bible and Spirit of Prophecy affected your life?

ADDITIONAL ITEMS

1. Please submit a copy of your own written personal testimony.

2. Please submit a physical examination record and a recent photo of yourself.

When you have read and understood all the information in this application and in the IONA Missions Student Handbook (please visit our website to download it) please enter your signature and date below indicating your agreement with our principles and policies.

I certify that the above statements are correct and complete. I understand that incomplete or false information may make me ineligible for admission to, or continuing my education at, IONA Missions.

Signature:

Date: