

APPLICATION FOR ADMISSION

I. GENERAL INFORMATION

Date _____

1. Legal Name _____
Name I go by is _____ E-mail Address: _____
Last First Middle
2. Home Address _____ Telephone _____ - _____ - _____
City _____ State _____ Zip Code _____ +4 _____
Number and Street or Route or Box
Prov. _____ Country _____
3. Present Address (if different from above) _____
Number and Street or Route and Box City State/Prov Zip code
4. Date of Birth ____/____/____ S.S # ____ - ____ - ____
5. Sex _____ Race _____ Height _____ Weight _____
6. Marital Status: ___ Single ___ Engaged ___ Married ___ Widowed ___ Remarried ___ Separated ___ Divorced
(If separated or divorced, attach a note of explanation)
Name of fiance/spouse _____
If married, names and ages of children _____
7. I learned of C.A.M.P. through _____
8. What attracted me most? _____
9. I plan to enroll for Fall of 20 ____
10. List below any who would be interested in learning more about the C.A.M.P. Program.
- | Name | Address | Phone # | Graduation Year |
|-------|---------|---------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

II. EDUCATION

1. Name all schools beginning with High School: _____ Date Entered _____ Date Completed _____

2. Have you ever attended a Basic or Advanced Institute of Basic Life Principles Seminar? _____
Basic Seminar - year 1st attended _____ City _____
Advanced Seminar - year 1st attended _____ City _____

III. PERSONAL HISTORY

1. Parents(s) or Guardian: Name _____
Address _____
2. Parents are: ___ Married & living together ___ Divorced ___ Separated ___ Father deceased ___ Mother deceased
Father's Name _____ Mother's Name _____
Father's Occupation _____
Mother's Occupation _____
3. List brothers and sisters and their ages: _____

4. Have you been involved in any of the following:
- | | | | | | |
|----------|------------------------------|-----------------------------|----------------------|-----------------|---------------------|
| Drinking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date last used _____ | Frequency _____ | For how long? _____ |
| Smoking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date last used _____ | Frequency _____ | For how long? _____ |
| Drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date last used _____ | Frequency _____ | For how long? _____ |
| Occult | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date last used _____ | Frequency _____ | For how long? _____ |

5. Have you ever been convicted of a crime? _____ If so, explain _____

6. Have you been in prison? _____ If so, explain _____

7. Are you or have you ever been on probation? _____

IV. AUTOBIOGRAPHY

Write a brief autobiography (1-2) pages mentioning your conversion, some of your Christian experience, family background, and anything else that might have a bearing upon your study at MMRM. (Use separate paper.)

V. CHRISTIAN EXPERIENCE

1. Church Membership _____
Name of church
 Denomination _____
 Address _____
 Date of membership _____ Attend this church regularly? _____
 If you regularly attend another church, please give name and address: _____

2. Date of Salvation _____ What do you believe is necessary for Salvation? _____

3. Do you have assurance of your salvation? _____ On what do you base your assurance on? _____

4. What experiences have contributed to your spiritual growth? _____

5. Have you read and are you in complete and cheerful accord with the MMRM Statement of Faith? _____
 If not, in what areas do you disagree? _____

 Are there any areas that you feel should be added? _____

6. In what ways are you actively serving God? _____

7. Where do you want to be, or what do you believe you will be doing 1 year, 5 years, 10 years? _____

8. What is the greatest struggle in your spiritual life and your walk with the Lord? _____

9. Are you presently making a point to fellowship with other believers? _____
If yes, when and where? _____

VI. EMPLOYMENT

1. State three places of employment, starting with the most recent, giving position held, dates of employment and reason for leaving.

VII. HEALTH INFORMATION

1. Are you presently under a doctor's care? _____ If yes, please explain. _____

2. Do you have any physical handicaps which might prevent full participation in the program? _____

3. Do you have any health conditions that require special attention? _____
If so, explain. _____

4. Have you ever received professional treatment or counseling for a mental or emotional condition? _____
If so, explain. _____

5. Do you take medication on a regular basis? _____ If so, explain. _____

VIII. FINANCIAL INFORMATION

1. Do you have any debts at present? _____ If so, explain. _____

2. How do you expect to finance your education? Please give financial plan: (A minimum payment of \$1600.00 is required at the beginning of the program.)

IX. EDUCATIONAL OBJECTIVE

- 1. Why do you want to attend C.A.M.P.? _____

- 2. What do you want to accomplish here? Academically? _____

Spiritually? _____

- 3. What are your educational goals for the future? _____

- 4. Describe your horsemanship experience. _____

- 5. Are you CHA certified? _____ If so, at what level? _____
- 6. Do you hold any other certifications? _____ If so, describe. _____
- 7. Check area of interest:
 Camping Ministries Horsemanship / Horse Training
 Hospitality Food Service
 Administration Small Animal Care

X. PERSONAL INFORMATION

- 1. What hobbies do you enjoy? _____

- 2. What forms of recreation do you enjoy? _____

XI. COMMITMENT

“I have read all of the enclosed materials, and believing this venture to be God’s will for my life, am hereby committing to be totally dedicated to the training and the opportunities that shall be forthcoming in C.A.M.P.”

Signature _____ Date _____

Please remember to include the \$50.00 application fee with your application.

Once we receive your application, we will send three reference forms to you to give to your pastor, an employer and a friend. When all your references are in, we will call and set up an appointment for an interview.