



Office of Admissions
 87295 Main St. Thermal, California
 Mailing: 54684 Harrison St. Thermal, CA 92274
 Phone: 760.398.4422 Fax 760.398.4941

Please attach a
 Photograph
 2 x 3
 head & shoulders

APPLICATION FOR ADMISSION

INSTRUCTIONS

1. Please type or print (in ink) all information requested.
2. Submit Application with a non-refundable \$20 application fee.

I request admission for:

- Fall Quarter
 Winter Quarter
 Spring Quarter
 Summer Quarter
 Year _____
 New Student
 Re-Admitted Student

BIOGRAPHICAL INFORMATION

Name _____
FIRST MIDDLE LAST MAIDEN

Preferred First Name _____

Permanent Address _____

Mailing Address if different from Above:

Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Fax Number (_____) _____ E-Mail _____

Social Security Number _____ - _____ - _____ Gender Male Female

Date of Birth (MM/DD/YY) _____ Place of Birth _____

How did you hear about Christos Institute? _____

Marital Status : Never Married Separated Re-Married Married Divorced Widowed

Number of Dependents _____ Ages _____ Spouse's Name _____

Prior Military Service? Yes No If Yes, please specify: Army Navy Airforce Other _____

Ethnicity: Nonresident Alien Hispanics/Latinos of any race American Indian or Alaskan Native
 Asian Black or African-American White
 Native Hawaiian or Other Pacific Islander Other _____

List languages other than English that you speak fluently: _____

Citizenship U.S. Citizen Permanent Resident Alien Non-Immigrant Visa Type _____

If not a US Citizen, Please attach a copy of a valid government issued identification

EDUCATIONAL AND EMPLOYMENT INFORMATION

High School _____ Date Graduated _____

Address _____

Rank in Class _____ out of _____ High School GPA _____

SAT Score _____ ACT Score _____ Date taken _____

GED Date _____ Place _____

List in order of attendance all post-secondary schools attended

Name of College/University	City State	Dates		Major Field of Study	# of Hours	Completed / GPA
		From	To			

Are you currently employed? Yes No How many hours do you work weekly? _____

Name of Company _____ Current Position _____

Name of Supervisor _____ Telephone Number of Supervisor (____) _____

How long have you held current position? _____

Starting with current employment list employment history

Company	City State	Position	Dates	
			From	To

PROGRAM SELECTION

For which program are you applying? Certificate in Christian Ministry Diploma in Biblical Studies

SPIRITUAL DATA

What church do you currently attend? _____

Mailing Address _____ City _____ State _____ Zip Code _____

Pastor's Name _____

Full Official Title of denomination/Fellowship _____

Are you a member? Yes No Years of attendance _____

REFERENCES

Please list two (2) persons, other than family members, who have known you for at least one year and whom we may contact for supplementary information.

Name _____ Relationship/Position _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone: _____ Fax _____

Name _____ Relationship/Position _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone: _____ Fax _____

PERSONAL STATEMENTS

On a separate sheet of paper, briefly share your spiritual pilgrimage. Please include your salvation experience, your family's church background and spiritual background, the major traumas that have occurred in your life or that of your family, your key growth and development points with the Lord, and your current participation/involvement in your local church. Please be specific.

Your essay should be approximately two to three pages (single spaced) in length. This important essay will constitute a sample of your grammar /composition skills, and your ability to communicate clearly in written form.

Have you ever undergone psychological counseling? Yes No

If yes, please include explanation on separate sheet.

Have you ever been convicted of a felony? Yes No

If yes, please include explanation on separate sheet.

Please be aware that we may request a complete background check on your criminal history.

What are your educational and ministry goals and how do you perceive that Christos Institute can help you attain these goals?

Please include explanation on separate sheet.

Christos' Institute may require a personal interview, psychological testing, or other information in order to process your application for admissions.

Please include a letter of reference from your pastor and or ministry supervisor.

I hereby apply for admission to **Christos' Institute** and certify that to the best of my knowledge the information given in this form is correct. If admitted, I will uphold and abide by all the regulations and standards of **Christos' Institute**, including the Standards of Conduct. I understand that confidential forms may be requested of persons named in this application. Such forms will be returned directly to the Admissions Office with the understanding that their contents are not available to me. I hereby waive my right to their content. I understand that the information contained in my application and student file is available to the faculty and administration of Christos Institute for evaluation and advisement purposes.

Signature _____ Date: _____

Christos' Institute admits students without regard to race, color, sex, national or ethnic origin, handicap or disability, age, marital or veteran status.

APPLICATION CHECKLIST

- Completed application with attached essays
- Attached photograph
- Letter of Recommendation
- \$20.00 Application Fee

Please submit this completed application to:

Christos' Institute

87295 Main St, Thermal, CA 92274

Mailing: 54684 Harrison St. Thermal, CA 92274

anell@christos-institute.org

OFFICE USE ONLY

Date Received _____ Application Fee Received _____